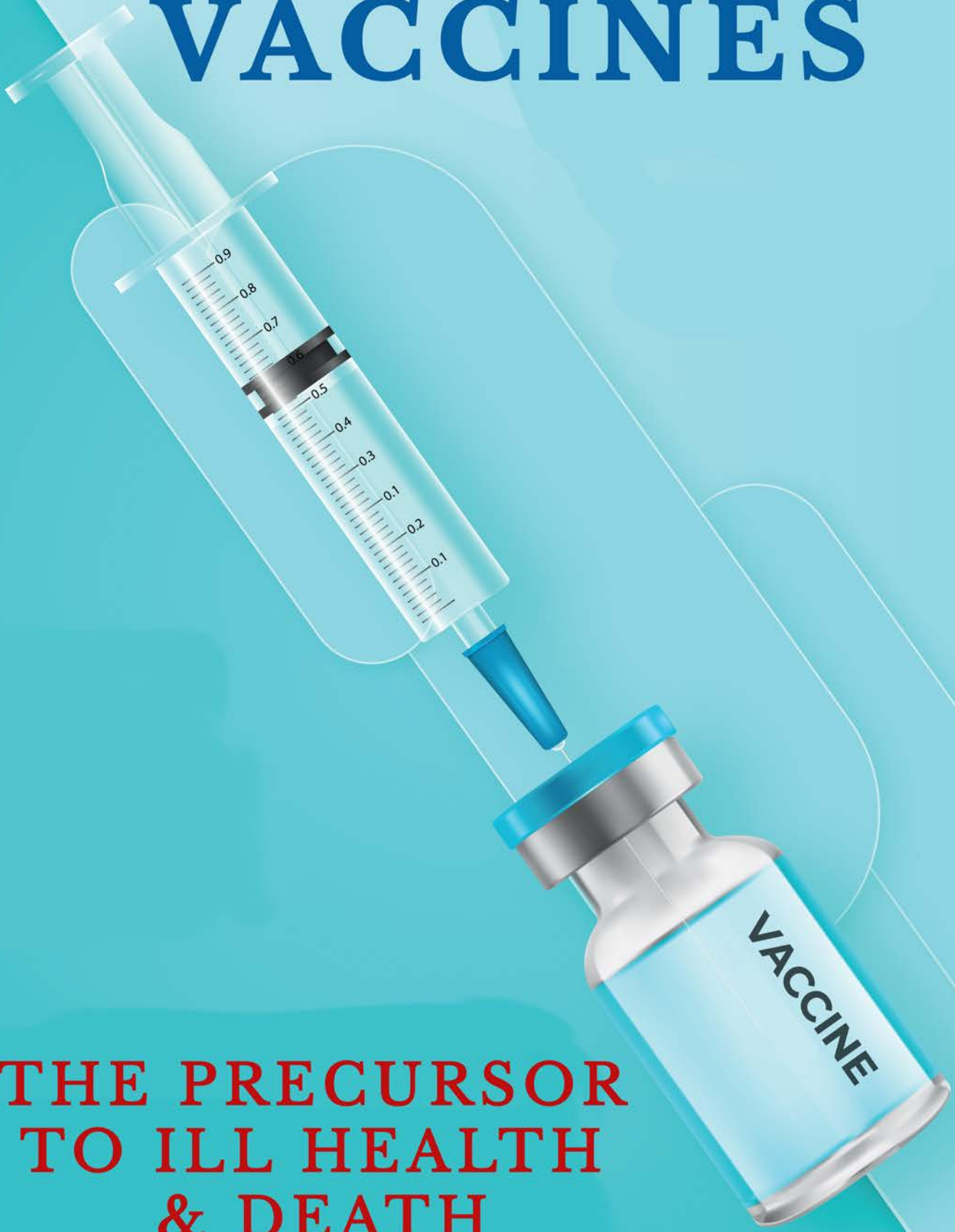
VACCINES PRECURSOR TO DEATH

VACCINES



THE PRECURSOR TO ILL HEALTH & DEATH

VACCINES

The Precursor To Ill Health & Death

"Oh let the wickedness of the wicked, come to an end; but establish the just: for the righteous God trieth the hearts and reins. He made a pit, and digged it, and is fallen into the ditch, which he made. His mischief shall return upon his own head, and his violent dealing shall come down upon his own pate." - Psalm 7:9 & 7:15-16

The circle with the Cross
These make for the sign that all thou hast heard is fulfilled in Him

Hospitallers Order of the Good News

The Lord He Is God

Trust in Him who Is the Way

Keep thy faith in Him, that All will be and is right!

And make thy life, thy activities in accord with same!

Book Title : Vaccines The Precursor To Ill Health & Death

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Without Him to lead, and the Team to help, this and all other Books, that have been published by the Order, could have not been written, in a speedy way, that they have been. For the task at hand, is enormous, and the days and nights, I have denied myself, this in and for the benefit of others. For the help, of he who is in need of it. And also that man may know that He, indeed, is mindful of each one of you. Seek Him, and Glorify Him, for He Is Thy God and Saviour.

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In Gratitude To

This Book is dedicated to the following:

To the God of Abraham: Who Is The God of Humankind, Our One and Only Lord and Saviour The Christ.

We Dedicate this Book to: to all those who have perished at the hands of ignorant men; To all those Wise Men who understood the difference between what is right and what is wrong; To those wise ones, who are ever present and let not fall civilization.

"The Lord He is God"

Has in the Oneness of the Living God the Christ Our Lord and Saviours, so it is in the oneness of comprehension and understanding in which those points of truth these authors all conclude and agree upon.

And as a result on which they all agreement this book is produced and given as a testimony that: "The Lord He is God", and the Lord walks with us everyday, even if you do not see Him, He is with us, He is with those who ask for Him for the Lord Is God of Humankind.

These are not vain words, but are those words from those who know The Lord, His Ways, His Coming.

And many others whose names do not appear here but they know who they are.

To all physicians, whose convictions regarding the soundness of principles set forth in this work, and whose fearless advocacy of therapy based on these principles have been a constant source of encouragement and inspiration to many, this book is also dedicated.

Acknowledgements

The collective knowledge generated from academic research summarized in various references has been critical in the creation of this published work, which is best viewed as a comprehensive compilation and collection of published information by many authors throughout the ages, as well as personal and clinical experience in the treatment of self and others.

This work was possible only by the guidance and Light of Christ who Is God.

A special thanks also to those who work with Him and help all of us.

May each individual be able, to find this eternal truth, while on earth.

Credits and References

Although all credits and references where given to the best of our knowledge and information contained in the central archives of the Hospitallers Order of the Good News.

If there is any errors or mistakes we kindly ask the reader to allow the knowledge of such items in order to rectify same in future editions of the present Book.

Health and Therapeutic Journals and Books

The present work rests upon the foundations of those civilization luminaries, men and woman of exceptional talent, intuition, and detailed observation.

Furthermore it was a privilege to us, for them to have the dedication and time to write and publish their clinical findings. There is then a vast amount of Journals and Books devoted to the Health and Therapeutics. Of these printed records those from 1850 to 1950 in this 100 year period we specially encounter that the majority of what is to be known concerning disease its origin and its treatment and cure,

where in fact correctly identified. These records, in their collective, contain timeless observations of which many remain permanent truths.

These pearls are hidden from plain sight, only the adept or the initiated can identify them and pick one by one, from the surrounding confusion.

Sources

This book is a Record of the clinical findings of many great Health Practitioners, their findings remain the same throughout the centuries. All share the same conclusion.

The Truth is in plain site.

Apart from the Archives of the Hospitallers Order of the Good News Library, we are also very grateful to all libraries, who have kept books for the last 200 years, those of which by their keeping allowed the information on those books to survive, and be upon their withdrawn from their keeping available to purchase by the Order, and kept in its Archives and Library.

The Hospitallers Order of the Good News, has therefore obtained many of this rare Books, many of which are not available, nor found in libraries, for this we thank The Lord who Is God, for having placed the same in keeping of the Order.

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Although the editor, publisher have made every effort to ensure that the information in this Book was correct at press time, the editor, publisher do not assume and hereby disclaim any liability to any party, for any loss, damage, or disruption caused by errors or omissions, whether such errors or omissions result from negligence, accident, or any other cause. **Much care was taken to avoid any errors or omissions, if any do exist, please let us know, in order to correct same in any future editions.**

Dedication

"To the victims, past and present, rich and poor, of Adulterated Food, Patent Medicines, Compulsory Vaccination, Abuse of Surgery, *booze-guzzling, industrial diseases, autocracy of dress, false modesty, sex ignorance, and conventional hypocrisy;* ***to those, who never had a real opportunity to learn the truth, being kept in ignorance through the vicarious and popular channels of misinformation.***

To those, whose nerves, muscles, bones, marrow, and blood have been converted into dollars, and cents under, the iron heel of commercial greed, in the name of health, science, *and benevolence; to those, whose inner and better selves remain crushed and stifled as a result of monotonous, loveless lives, tyrannical and fanatic parents, and uninspiring surroundings in general; to the patient "sons of toil", who constantly undermine their health and risk their lives, making it possible for us to appreciate art, music, literature, culture, and invention that the genius of human brain has brought forth, yet have for themselves little in return, save fatigue,* ***malnutrition, soul-starvation,*** *anxiety,* ***fear, filth and premature death.***

To all these victims of our seething, restless, debauching, artificial, and health-wrecking era, impudently labelled "civilized".

I affectionately and hopefully dedicate this book." *- Dr Simon Louis Katzoff, MD, in* ***"Timely Truths on Human Health", 1921.***

"The present work is written for the double purpose of correcting error, and imparting truth. *Its purpose is not to attack men, nor systems,* ***but simply to state facts by which their pretensions may be judged."*** *- Dr Frederick Hollick, MD in "Neuropathy, or The true principles of the art of healing the sick", 1847.*

Truth Is An Awesome And Powerful Force

Disclaimer

"The content of this Book, is based on research conducted by the members of the Hospitallers Order of the Good News, unless otherwise noted. The information is presented for educational purposes only, and is not intended to diagnose or prescribe for any so-called "medical" or "psychological" "condition", nor to prevent, treat, mitigate or cure such "conditions". The information contained herein is not intended to replace a one-on-one relationship with a qualified Healthcare Professional.

This information is not intended as "Medical" advice, but rather **a sharing of knowledge and information based on research and experience.**

The Hospitallers Order of the Good News, encourages the reader to; "Make your own Health Care decisions based on your judgment, and research in partnership with a qualified Health Care Professional."

But be aware of not choosing, the Medical Trade, for Health Science, and the so-called Medical Science are two different things.

"These statements have not been evaluated by the so-called Food and Drug Administration (FDA), in the USA.

The information on this Book is not intended to diagnose, treat, cure or prevent any disease, by means used by the Medical Trade."

As sad it may be, that one is forced to place such a disclaimer, just serves to illustrate the state where the present civilization is at the moment. A civilization founded on lies, has no future, a civilization based on false or fake pretences, has no future, a civilization that follows political correctness is fake by proxy. To sustain the manner of thinking in the present civilization is to sustain a lie. Thus the solution is to establish a New Civilization, based on a New Science, a New Model of Society.

This if Humankind will ever have a chance to progress, to evolve in this third dimension Earth.

In that the End of Times, and the Beginning of a New Era, 2024.

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Annexes

1. Vaccination Damage
2. Vaccinations A Danger to Health
3. WHO Vaccine Crisis Communication Manual
How to respond to events which may erode the public's trust in Vaccines and the authorities that deliver them.
On page 14, it lists the possible messages one can deliver during high-impact events: "Our deepest sympathy goes to those affected."
4. Statement on COVID-19 Vaccines Safety and Efficacy by Dr Aseem Malhotra MD, to the Helsinki District Court, Finland, 12 April 2024.

5. The Illusion of Efficacy and Safety for Vaccines, Professor Norman Fenton, Italian Senate, 19 April 2024.
6. Updating the Vaccine Injury Table following the 2011 IOM Report on Adverse Effects of Vaccines, 2012.
7. Data that disprove the COVID-19 pandemic.
8. The Truth Behind The Vaccine Cover-Up, 2008.
9. Request for the Direct Suspension of Marketing Authorizations, European Union, 4 October 2023.
10. Pfizer misled the public that it had a "safe and effective" COVID-19 Vaccine.
11. Testimonies of Medical Authorities on Vaccination
12. Package Insert of ACAM2000 Smallpox and Mpox Vaccine
13. US Patent Issued to The Rockefeller University 29 Sept. 2020 for "Ferritin nanoparticle compositions and methods to modulate cell activity"
14. STATE OF LOUISIANA HOUSE RESOLUTION NO. 292
"BE IT RESOLVED that the House of Representatives of the Legislature of Louisiana does hereby urge and request the Louisiana Department of Health to conduct a study to examine the relationship between unexpected deaths of infants and children, ages two and under, and the administration of vaccinations."

All Annexes:
https://books.google.com/books?id=K8uLEQAAQBAJ

For Graphics Please See:
https://dissolvingillusions.com/graphs-images/#charts

- Vaccine Injury, KC's COVID Facts, 29 November 2022.
https://ladycasey.substack.com/p/vaccine-injury

- Scientific Studies on Vaccine Injuries: You want Science? Here's your f*cking Science, KC's COVID Facts, 22 July 2024.
https://ladycasey.substack.com/p/scientific-studies-on-vaccine-injuries

- For More Information on Vaccines, please read Chapter 1 & 10 of the Book:
"Medical Trade Exposed: It's Lies, Atrocities and Deceit", 2023.

- Daily new confirmed COVID-19 cases and Deaths 21 December 2021. (Look at the beginning of Deaths after the 21 of December 2021, the only country that is out of line is China, with Deaths occurring in December 2022).

https://books.google.co.uk/books/about?id=keiLEQAAQBAJ

"Of recent years Opposition to Mass Vaccination has sprung up from a quite different source, namely from Scientific Workers moved not by emotion but by Factual Evidence." *- Sir Graham Selby Wilson, Bacteriologist, in "The Hazards of Immunization", 1967*

Introduction

"There Is No Evidence Whatsoever that Vaccines of Any kind - but especially those against childhood diseases - are effective in preventing the infectious diseases they are supposed to prevent.
Adverse Effects are Amply Documented, and are far more significant to public health than any adverse effects of diseases.
Immunisations, including those practised on Babies, not only Did Not Prevent Any Infectious Diseases, They Caused More Suffering, and More Deaths Than Has Any Other human Activity in the entire history of medical intervention." *- Dr Viera Scheibner, Principal Research Scientist, in "Vaccination", 1993.*

"Vaccines are Highly Dangerous, have never been adequately studied, or proven to be effective, and have a poor risk/reward ratio." *- Dr Allan Greenberg, MD, in "online forum posting, using his email address", 24 December 2002.*

"There has been a steady decline of infectious diseases in most developing countries regardless of the percentage of immunizations administered in these countries." *- in "World Health Statistics Annual 1973-1976", Vol. II, 1977.*

"Much evil is being done, by the Medical Trade. The time to stop it is now." *- Rui Alexandre Gabirro, Emunctologist*

The Vaccination Question

Dedicated to the Memory of
Edwin Chadwick
A Great Sanitary Reformer,
Whose Ideals, So Far As They Have Been Carried Out,
Have Largely Contributed Towards Abolishing Smallpox
From These Islands

"It is now 18 years since the Royal Commission on Vaccination issued its Final Report.

Since then, **little or no attempt has been made seriously to review the Vaccination Question in the light of the experience gained in recent years.**

Yet, without doubt, **much has been learned and some things have been unlearned.**

Moreover, almost every writer, hitherto, has approached this question from the point of view of either the pro-vaccinist, or the anti-vaccinist.

The present writer has endeavoured to take up an entirely independent standpoint.

He has not been concerned either to defend, or to attack vaccination, and he has, therefore, felt quite at liberty to use any argument that appeared to him, after mature consideration, to be sound, irrespective of whether it told in favour of or against vaccination.

At the same time he believes that the case he is presenting will be found logical and consistent and neither lacking in colour nor devoid of definite conclusions.

The Royal Commissioners issued their Report in 1896.

In place of reaffirming the principle of uncompromising compulsion — as many expected and hoped — the Report went a long way towards the abolition of compulsion by recommending the recognition of the "conscientious objector".

The Commissioners naturally felt considerable doubt as to how far these modern measures could be trusted to control smallpox in the absence of infantile Vaccination.

Nevertheless, a transference of only 3 votes (in a Commission of 13) would have given a majority, even at that time, **in Favour of the entire Abolition of Compulsory Vaccination.**

If the Commissioners could have had laid before them the experience which is now available; if they could have foreseen how efficacious these modern measures would prove in stamping out smallpox outbreaks; if they could have been assured that the prophecies of disaster where vaccination was neglected would have been unfulfilled; if the "Leicester Experiment" had been tried successfully for 30 years (as is now the case) instead of only 12, it is highly probable — to say the least of it — that their verdict would have been against compulsion in any form.

For 40 years, corresponding roughly with the advent of the "Sanitary Era", smallpox has gradually but steadily been leaving this country.

For the past 10 years the disease has ceased to have any appreciable effect upon our mortality statistics.

For most of that period it has been entirely absent except for a few isolated outbreaks here and there.

It is reasonable to believe that with the perfecting and more general adoption of modern methods of control and with Improved Sanitation (using the term in its widest sense) smallpox will be as completely banished from this country as has been the case with plague, cholera, or typhus fever.

Accompanying this decline in smallpox there has been a notable diminution during the past decade in the amount of infantile vaccination.

This falling off in vaccination is steadily increasing and is becoming very widespread.

Meanwhile the agitation against vaccination continues, and it is likely to continue so long as the compulsory clauses of the Vaccination Acts remain unrepealed.

Vaccination was originally made compulsory on the express grounds that such compulsion was necessary for the safety of the community and on the assumption that unvaccinated persons were a danger to their neighbours.

It is becoming very doubtful, in the light of modern experience, whether this necessity any longer exists; whilst it would appear that it is vaccinated persons whose vaccination has "worn out", rather than the un-vaccinated, who are the real danger to their neighbours.

The writer draws a broad distinction between the individual and the community as regards the effect of vaccination.

So far as the effect upon the individual is concerned he differs little if at all from the orthodox pro-vaccinist position.

On the other hand, he believes that there is still much room for further consideration as regards the effect upon the community.

Unfortunately, free and independent discussion on the question of vaccination has not, hitherto, received much encouragement.

Indeed, it is no exaggeration to say that there has even been a tendency to stifle discussion.

The writer can speak from personal experience.

Two recent instances only need be quoted:

1. A leading morning paper published some extreme pro-vaccinist statements prophesying that "red terror" would overtake this country if the neglect of infantile vaccination were persisted in. The writer sent a moderately-worded letter taking exception to these statements. **The letter was returned with a polite note from the editor regretting that he could not find space for it and the controversy which it might evoke.**

2. The writer received a letter from the Honorary Secretary of the Section of State Medicine of a Health Congress requesting him, in the name of the President of the Section, to contribute a paper. A subject was suggested in which he thought the writer was interested, but, it was added, **"the President will be glad to accept another subject if you prefer it."** The writer replied that he would be pleased to contribute a paper, but as he was specially

interested in the question of Vaccination he proposed to take that as his subject. He mentioned that his views were not quite orthodox, and that the paper might therefore lead to a good discussion.

This book embodies the substance, in amplified form, of a course of lectures given in London early in the present year under the auspices of the Chadwick Trust.

It is published in the hope that it may arouse fresh interest in a highly complex question, the last word on which has certainly not yet been said.

The controversial nature of the subject, however, and the independent position taken up, have rendered it difficult to avoid this.

Cordial thanks are due to all those who have assisted the writer with information, including a large number of Medical Officers of Health and the Registrars-General of England, Scotland, and Ireland." - Dr C. Killick Millard, MD, Dsc, Medical Officer of Health for Leicester, Medical Superintendent Smallpox Hospital Leicester, formerly Medical Officer of Health for Burton-on-Trent, Medical Superintendent of the Birmingham City Hospitals, in "The Vaccination Question, in the Light of Modern Experience: An Appeal for Reconsideration", 1914.

The Outbreaks Occurred in the Vaccinated

"Isn't it interesting that reports of the problems with Vaccines from all over the world, including the former Soviet Union, are so consistent with the rest of the world?

The newly acquired freedom seems to work wonders.

The Lancet published that outbreaks of Diphtheria in the former Soviet Union occurred in the Vaccinated, and increased right after Vaccination drives.

The Vaccines supplied by the western world were ineffective.

Gangarosa et al. (1998) asserted that "severe side effects of whole-cell pertussis Vaccines are so rare that they defy measurements".

It all depends who is doing the measuring. The Horrific Injuries and other Side Effects including Death, are Under-Reported, Not Rare.

A UCLA Study revealed that the Rate of Convulsions of the DPT Vaccines is:

With 1 Doses the risk is 1 in 1,750.
With 3 Doses, the risk is 1 in 580.
With 5 Doses, the risk is 1 in 350.

Convulsions represents 10,000's of children every year.

According to some published figures, 49% of Australian children suffer Asthma, which is now admitted to be caused by Vaccination, as documented by a New Zealand 16-year follow-up of Vaccinated, and Unvaccinated children. Similar research was recently conducted in Sweden and is published in the Lancet (Aim et al. 1999).

Learning and behavioural problems occur in 10% to 30%> of American children and similar figures apply in other countries with intense Vaccination programmes.

Autism is linked to the Inflammatory Bowel Disease caused by a variety of Vaccines, most typically by the MMR Vaccines.

Considering that Vaccines do not prevent children from getting infectious diseases, and that these diseases are indeed beneficial for children by priming and maturing their immune system and representing developmental milestones, the twisted tales of imagined benefits of Vaccines based on flawed arguments and figures ring hollow, indeed." - Dr Viera Scheibner, in "Behavioural Problems in Childhood: The Link to Vaccination", 2000.

"It is well to Understand that The Medical Trade Are Coin-Operated."

"The practice of Vaccination is Absurd, Superfluous, and Worse than Useless.
But as, in numerous instances, death has happened from small-pox after cow-pox; and as cow-pox produces other diseases, of which many cases have terminated in death; the practice is directly, positively, and extremely pernicious to society.
And, as having been the Medium of Defrauding the public of millions of money, which never has been accounted for, and for which Vaccinating adventurers have been scrambling and fighting in the Name of Philanthropy, I hold it to be an imposture, not simply disgraceful to science, pernicious to health, and dangerous to life; but destructive to the morals of the faculty, and injurious to the purses of the community." *- Dr Charles Maclean, MD, in "On the State of Vaccination", 1810.*

"After 50 years' experience, I arrived at the conclusion that Vaccination was not only useless as a preventative, but dangerous. I decline the risk of Vaccination, and would not Vaccinate my bitterest enemy." *- Thomas Brett, MD, London, England, Speech, 17 April 1883, in "The Truth About Vaccination," The Sanitarian: A Monthly Magazine", New York, 1891.*

"We have at our command testimonies — scores of testimonies — proving beyond any possible doubt that men unvaccinated have nursed small-pox patients in hospitals at different times, for years, and never took the disease, while on the other hand we have, with the dates and figures, the most positive proof that those who had been Vaccinated — Vaccinated 2 and 3 times — took the disease when exposed, and died there-from. These facts are undeniable." *- Dr J. M. Peebles, MD, in "Vaccination a Curse and a Menace to Personal Liberty", 1913.*

Factual Evidence On Various Disasters Associated With Vaccination

"Dr R. A. O'Brien who, long after his retirement from the directorship of the Wellcome Physiological Research Laboratories at Beckenham, **handed over to me a valuable set of documents with which he felt unable to cope** and without which it is doubtful whether the present book would ever have been written.

Opposition to Mass Vaccination has sprung up from a quite different source, namely **from scientific workers moved not by emotion but by factual evidence.**

In 1959 Dr R. A. O'Brien, who for many years before the second world war had been director of the Wellcome Physiological Research Laboratories at Beckenham, wrote to me from Australia, where he had retired, offering me a **mass of records** that he had collected **on various disasters associated with immunization.**

The woeful record I present of the accidents attendant on immunization and the ways in which they have arisen will not be complete.

Far from it in fact.

Even if I had had time to comb the whole of the relevant literature, I should still not have been in a position to give a complete record.

This is mainly because **a large number of accidents — I suspect the majority — have never been reported in print,** either through fear of compensation claims, or of giving a weapon to the anti-vaccinationists, or for some other reason." - Sr Graham S. Wilson, MD, Honorary Lecturer in the Department of Bacteriology at the London School of Hygiene and Tropical Medicine, Formerly Director of the Public Health Laboratory Service, England and Wales, in "The Hazards of Immunization", 1967.

Emunctology Statement on Vaccines

Taking into consideration that so-called; "viruses", "prions", and other Medical Trade nonsensical theories, of things that don't exist in the real world, but only in the mind of the uneducated, the ignorant and the liar.

The following should be observed, studied and understood:

"Only Bacterial Vaccines, may have a place in Emunctology, these bacterial vaccines must be made by the Hospitallers Order of the Good News, never under no circumstances by a private, or any other organization, no matter if they claim to be not for profit or even governmental. **Only Bacterial Vaccines produced by the Hospitallers Order of the Good News can by used**, if need be, **but only and under the following Non Changeable Principles:**

a) Hygiene
b) Nutrition
c) No less than 9 months since birth
d) No more than 1 bacterial vaccine in a 7 day period.

1. If a body in an Hygienic Condition (not sterile but hygienic).

2. Well Nourished (kept in a good nourished condition; with Proper Quality Nutrition; not quantity, but quality, and of nutritious values. Which include weekly consumption of Lettuce, Celery and Carrots, not forgetting at least once a week Fish or produce from the open Salt Sea or Ocean).

3. No vaccines should ever be given to children younger than: 9 months of age.

4. No more than 1 (one) bacterial vaccine should ever be given to any body in a week, thus no more than: 1 (one) vaccine in a 7 (seven) day period." - in "Emunctology, Principles and Foundations of the Emunctory System And its Relationship with All Organs of the Body", 2022.

"The positive injuries of Vaccination to health and life have been so indelibly inscribed on the tables of record that they should stand as a warning before the eye of every man who raises his lancet for the purpose of rendering miserable the life of his fellow creature.
Even the greatest enthusiast for the compulsory law cannot deny those dangers.
The entire Medical and Social Literature are full of facts that prove them.
Therefore, as Vaccination renders no protection against small-pox, but is dangerous to life and health, and as long as we have the means in cleanliness, pure air, and temperate habits to avoid small-pox as well as any other epidemic disease, it is high time to abandon a measure filthy in its origin, deceiving in the service expected of it, and dangerous to life in its effects." *- Dr M. Deschere, MD, in "Vaccination before the Tribunal of History," North American Journal of Homeopathy, November 1883.*

Those Who Are Labelled Anti-Vaxer?

"What is interesting is; the people that are labelled Anti-Vaxers, or people that do the research, and educate themselves, and dig in, listen to podcasts and read books like Kennedy's Book "The Real Anthony Fauci."

All of a sudden these people that are informed, become advocates for their own health, advocates for reforming our Health System, wary of Vaccines, and what they're promised to accomplish." - Ken Ruettgers, in "Vaccines 2023 to 2024: Turning the Calendar Page", Voices for Medical Freedom, 30 December 2023.

What is Vaccination?

"Did you ever take the time to ask yourself the question:

What is Vaccination?

Did you ever think of the thousands of innocent babes and children who have died from its effects?

Did you ever stop to think of the thousands of children who have become seriously ill and crippled by it?

Did you ever stop to think of the twenty or more million dollars that are invested by the Vaccine Manufacturers in the United States alone?

Did you ever realize that many Diseases of Childhood are largely due to the debilitating effect of Vaccination?

Did you ever think of the many prominent physicians of all schools who are now more than ever before opposed to Vaccination, and who do not Vaccinate their own children?

Do you know that many eminent physicians, scientists, editors, scholars, bacteriologists, statisticians and thinking people in general, have condemned this Vaccination bugaboo as productive of the gravest injuries; that Vaccination never did protect, does not protect, and can not protect one from smallpox; that many thousands of children have developed smallpox and other diseases, after being vaccinated a number of times?

These questions are very important ones to parents and all persons who are interested in health and human welfare." - Dr Simon Louis Katzoff, MD, in "The Compulsory Vaccination Crime", Machinists' Monthly Journal, February 1920.

Important Note Regarding Vaccines

"Before we consider the various methods of standardisation which have been employed heretofore, it will be necessary to glance for a moment at the nature and constitution of the vaccines which are in common use.

An anti-typhoid Vaccine may be prepared in any of the following ways:

a) Sterilising by heat or by some antiseptic, such as lysol or carbolic acid, a well-grown broth culture of bacillus typhosus. A vaccine of this nature was employed by Leishman, Harrison, Smallman and Tulloch in a recent research on the blood changes following anti-typhoid inoculation. We shall call this "broth vaccine".

Vaccines prepared by this method consist of:

1. Constituents of the broth, such as peptone, etc.
2. The Extra-Cellular Toxins of the Bacteria.
3. The free "receptors" arising either by disassociation from, or by the dissolution of the bodies of the bacteria.
4. The undissolved bodies of dead bacteria, with their intra-cellular toxins and constituent receptors.

b) Suspending the surface growth of agar cultures of bacillus typhosus in a fluid medium, such as normal salt solution, and then killing the bacteria in the same way as in the case of broth cultures. It is the method now recommended by a committee of German bacteriologists convoked at the instance of the Prussian Government. An agar Vaccine is of similar composition to a broth vaccine, the constituents of the broth and the extra-cellular toxins being, however, in very small quantity.

c) Dissolving up the bodies of the bacteria, either in a broth culture or in the emulsions of the agar cultures, and then filtering through a porcelain filter. It was first shown by Wright and Windsor that the filtrate of a broth culture of

bacillus typhosus, which had been macerating at 37°C. for a period of 5 months, diminished the bactericidal power of a serum with which it was mixed to exactly the same degree as the unfiltered culture.

Strong working with the cholera vibrio prepared a vaccine in the following manner:

The surface growths on agar, 20 hours old, were suspended in sterile water; the bacteria were then killed by heating at 60°C. for from one to 24 hours; the mixture was afterwards put aside in the incubator at 37°C. For from 2 to 5 days and finally filtered through a Reichel candle. With such a vaccine he was able to immunise animals and to produce both specific agglutinins and bactericidal substances in their blood. A similar method of preparation has been adopted in the case of anti-typhoid vaccine by Bassenge and Mayer. These workers suspended typhoid bacteria grown on agar in sterile water; the emulsion was well shaken up and then filtered. By this means a filtrate, free from bacteria and which gave rise on inoculation into animals and men to agglutinating and bactericidal substances, was obtained. A Vaccine prepared by this method we shall designate "filtrate Vaccine", the word "agar" or "broth" being prefixed according as an agar or a broth culture has been used in its preparation. **A filtrate vaccine will be of the same composition as the broth or agar vaccine from which it was prepared, less the bodies of the bacteria and particulate debris, the remains of broken-up organisms. If such a vaccine is properly prepared, the total receptors which are present in the original emulsion before filtration should be found in the filtrate. Many advantages have been claimed for these filtrate vaccines, to wit, that being clear and free from suspension their freedom from contamination is easily appreciable even by a layman; that the local and general reactions caused by their injection as much lessened; and finally that the degree of immunity conferred is as great as that given by other vaccines which contain the bodies of the bacteria and lasts as long.**" - in "On the Standardisation of Anti-typhoid Vaccine", Scientific Memoirs, No.21, 1905.

What Is Science?

"Science alone of all the subjects contains within itself the lesson of the danger of belief in the infallibility of the greatest teachers in the preceding generation.

When someone says, "Science teaches such and such," he is using the word incorrectly.

Science Doesn't Teach Anything; Experience Teaches It.

If they say to you, "Science has shown such and such," you might ask, **"How does science show it?**

How did the scientists find out?

How? What? Where?"

It should not be "science has shown" but "this experiment, this effect, has shown."

And you have as much right as anyone else, upon hearing about the experiments – but be patient and listen to all the evidence – to judge whether a sensible conclusion has been arrived at.

The experts who are leading you may be wrong.

I think we live in an unscientific age in which almost all the buffeting of communications and television-words, books, and so on - are unscientific.

As a result, there is a considerable amount of intellectual tyranny in the name of science." - Richard Feynman, Nobel Prize in Physics 1965, in "15th Annual Meeting of the National Science Teachers Association, 1966", The Physics Teacher, 1969.

"The people now begin to see that whatever really appertains to Medical Science, and is of actual use in it, can be understood as easily as other branches of knowledge; and that what cannot be so understood, is generally worthless, it being either learned ignorance, or mere mummery. If Medical Men themselves will come forward, and honestly admit to the public that their Art Is Sadly Defective." *- Dr Frederick Hollick, MD, in "Neuropathy, or, The true principles of the art of healing the sick", 1847.*

Digital Authoritarianism And The Use Of Technology To Control Citizens & To Determine What Is True

"The proliferation of Misinformation and Disinformation may be leveraged to strengthen digital authoritarianism and the use of technology to control citizens.
Governments themselves will be increasingly in a position to determine what is true, potentially allowing political parties to monopolize the public discourse and suppress dissenting voices, including journalists and opponents." - in "Global Risks Report 2024: Three risks we aren't talking enough about", Geo-Economics, World Economic Forum, 6 February 2024.

A Moment of Truth

This Book is for all those who are totally ignorant on **Vaccines & Vaccination**, and wish to gain understanding on this **dangerous subject matter.**

"We are not only in danger.
We are the danger." *- António Guterres, United Nations Secretary General, in "A Moment of Truth", United Nations, 5 June 2024.*

The Daubert Standard

"The Daubert Standard provides a Systematic Framework for a Trial Court Judge, to assess the reliability and relevance of "expert" witness testimony before it is presented to a Jury.

Established in the 1993 U.S. Supreme Court case Daubert v. Merrell Dow Pharmaceuticals Inc., 509 U.S. 579 (1993), this standard transformed the landscape of expert testimony by placing the responsibility on Trial Judges to act as "Gatekeepers" of Scientific Evidence.

The Daubert case introduced a more comprehensive approach that requires Judges to scrutinize not only the expert's methodology but also the underlying scientific principles. This shift aimed to curtail the admission of pseudoscientific or **unreliable expert testimony.**

Judges are required to assess the methodology and reasoning behind an expert's opinions, rather than simply relying on the expert's credentials or reputation.

Under the Daubert Standard, the trial court considers the following factors to determine whether the expert's methodology is valid:

1. Whether the technique or theory in question can be, and has been tested;
2. Whether it has been subjected to publication and peer review;
3. Its known or potential error rate;
4. The existence and maintenance of standards controlling its operation; and
5. Whether it has attracted widespread acceptance within a relevant scientific community.

The Daubert Standard supplanted the Frye Standard, which focused primarily on the general acceptance of scientific evidence within a particular field.

See Frye v. United States, 293 F. 1013 (D.C. Cir. 1923). While some state courts still adhere to the Frye Standard, the Daubert Standard is used in all federal courts.

Subsequent U.S. Supreme Court cases have clarified the Daubert Standard.

In General Electric Co. v. Joiner, 522 U.S. 136 (1997), the Supreme Court ruled that an appellate court may still review whether a trial court abused its discretion to admit or exclude expert testimony." - in "Daubert Standard", Cornell Law School, 2024.

To Get Past The Daubert Threshold

One of the aims of this present Book:

In the Principle of its Existence, Is to Educate the Uneducated.

And to be Used in a Court of Law, where the evidence which is amply and abundantly here provided, will serve, and shall serve; To Get Past The Daubert Threshold.

Increase Cardiac Arrests, Heart Attacks And Excess Deaths in Heavily Vaccinated Countries

"My name is Aseem Malhotra, I am a Consultant Cardiologist.

I have held various roles both in Academic and Health Policy. I was an ambassador for the Academy of Medical Royal Colleges for 6 years, which represented every doctor in the UK.

I will just very briefly summarise those Psychological Barriers, before I get into my detailed account of **what I was involved in regards to the Covid Vaccine:**

1. The first psychological barrier is one of fear.

The issue with fear is that when people and populations are in a state of fear, we are less likely to engage in critical thinking and we are more likely to be compliant.

2. The second barrier to the truth, is one called wilful blindness. This is when human beings, all of us, are vulnerable to this, turn a blind eye to the truth in order to feel safe, avoid conflict, reduce anxiety and to protect prestige and fragile egos. I believe the current situation we find ourselves in, with much of the mainstream narrative and the medical establishment, and policy makers not acknowledging quite horrific, serious and common harms from this Vaccine, is another example of wilful blindness. I say this with full empathy, **because I was one of those people that was for a very long time, wilfully blind to the harms of the Covid Vaccine.**

The third most common cause of death, pre-pandemic after Heart Disease and Cancer, is prescribed Medications.

In April 2021, I met with one of the brightest cardiologists in the UK. **I was surprised when he told me that he had not taken the Covid Vaccine. He explained to me that he had concerns because he had seen in the supplementary appendix of Pfizer's original Trial, that there were 4 Cardiac Arrests in the Vaccine group, and only 1 in the placebo.**

On 26 July 2021, my father, Honorary Vice President of the British Medical Association, suffered an unexpected sudden Cardiac Arrest.

I was particularly devastated by this happening and I was also I find it difficult to understand why my father, who was fit and well, I knew his cardiac history and his cardiac status, would suffer a cardiac arrest.

Two weeks later, the Deputy Chief Nurse of NHS England, called me up.

She was very upset, she knew my father very well, and she was crying and she told me, Aseem, there's something I need to tell you: "Throughout the country, for the last 2 months prior to my father's Cardiac Arrest, in most regions of the UK, ambulances were not getting to patients in time for Heart Attacks and Cardiac Arrests. And there had been a deliberate **cover up involving the government and the Department of Health to withhold this information from doctors and the public."**

The Post Mortem findings of my father, did not make any sense to me.

I am a leading expert in the world, on the development and progression of coronary artery disease.

My father had 2 severe Blockages in his Coronary Arteries.

There was no actual evidence of Heart Attack, and likely, there was a rhythm disturbance because of reduced blood supply that led to his cardiac arrest.

Then in, within the space of a few weeks, between October and November, 3 different sources of information was brought to my attention that made me realize that there was probably a significant problem with the Covid mRNA Vaccine.

The first was in October 2021.

I was giving lectures in Stockholm. I was contacted by a journalist with the Times Newspaper who reported to me and said, Dr Malhotra, we have **reports of an unexplained 25% increase in Heart Attacks in Hospitals in Scotland.**

I was surprised when she asked me whether I thought there may be a contribution of the Covid Vaccine to these heart attacks.

I said to her, a good scientist should never exclude any possibility.

We should watch this space and keep our eyes open.

A few weeks later, a publication appeared in the Journal Circulation, that revealed a potentially **very strong link between the Covid mRNA Vaccines and Acceleration in Heart Attack risk.**

Very specifically, in several hundred people of middle age, there was a plausible mechanism, by use of inflammatory markers in the blood, that increased the **baseline risk of those people having a Heart Attack in 5 years, from 11% to 25%, just within 2 months of having the Covid mRNA Vaccines.**

That is a huge increase in risk in a very short space of time. My father, suffered a Cardiac Arrest 6 months after having 2 doses of the Vaccine.

I remember thinking and speaking to a colleague, we

were going to see an increase in Cardiac Arrests, Heart Attacks, and Excess Deaths in heavily Vaccinated countries for the next few years.

Then within a few weeks, **I was called up by a whistleblower at University of Oxford.**

This cardiologist explained to me that a group of researchers in his department had found, that there was a **signal of increased inflammation of the Heart Arteries, which was there in the Vaccinated, but not there in the Unvaccinated.**

The lead researcher of that group said that:

"We are not going to explore these findings any further because it may affect our funding from the Pharmaceutical Industry."

At that point, with these 3 bits of information, I then felt it was my ethical duty to speak out.

And I went on GB News, to talk about what I'd found what I'd heard and I'd asked for the Vaccine Committee of the UK on TV to investigate this.

It was understood that approximately 80,000 NHS workers had refused at this stage to have the Covid Vaccine. And now they were threatened with losing their job if by April the following year they had not been fully Vaccinated.

I made a phone call to the Chairman of the British Medical Association in December 2021. And I spent 2 hours on the phone explaining to him everything that I knew up to that stage about my concerns of the Covid mRNA Vaccine.

He said: **"Aseem, nobody appears to critically appraise the evidence on the Covid mRNA Vaccine as well as you have from our conversation, he said, most of my colleagues are getting their information on the benefits and harms of the Vaccine from the BBC."**

This was replicated by the former chair of **the CDC, Rochelle Walensky, who in an interview later on had said, that her initial optimism of the Vaccine benefits came from CNN News report.**

I say this just to emphasize that we should all accept our vulnerabilities to where we receive health information.

Even doctors, policymakers, judges and lawyers are all

influenced on the public massively by mainstream media.

The chairman of the BMA also agreed with me. There was no ethical or scientific justification for mandating the Covid Vaccine. One month later, at the end of January 2022, the Covid Vaccine mandate for healthcare workers was overturned. I needed to carry out my own **critical analysis of the Covid mRNA Vaccines.**

I spent 9 months critically appraising the data, including speaking to 2 Pfizer whistleblowers, 3 Investigative Medical Journalists, and Eminent Scientists from the University of Oxford, Stanford, Harvard.

The most critical research that was published on this issue in August 2022, was published in the Journal Vaccine. That research was conducted by some of the world's top independent of Drug Industry influence academics.

That research, we where able to reanalyse the original randomized control Trials conducted by Pfizer and Moderna. They were able to do this because new information was made available on the FDA's website, and Health Canada's website.

The conclusions of that paper were very disturbing.

The original Trials that led to the drug regulatory approval of these Vaccines, revealed that you were more likely to suffer serious harm from taking the Vaccine, specifically hospitalization, life changing event or disability, than you were to be hospitalized with Covid.

That, rate of harm at 2 months was very high at 1 in 800.

In 1976, the Swine Flu Vaccine was pulled because it was found to cause a Neurological Syndrome, Guillain-Barre Syndrome in 1 in 100,000.

In 1999, **the Rotavirus Vaccine was suspended, because it was found to cause a form of Bowel Obstruction in children affecting 1 in 10,000.**

This was 1 in 800. It was very clear that given this information, published in the highest impact Vaccine journal in the world, peer reviewed, and has not had any significant rebuttals, that this Vaccine now, in my view, should never have been approved for use in a single human being in the first place.

There should be Court cases around the World, with Full Inquiry into the Pharmaceutical Industry.

Many different strands of research that are showing a signal of considerable and common serious harm from these Vaccines.

From pharmacovigilance data, that is reporting what we call Yellow Card Reports from the public.

We have Autopsy data also Confirming that Certainly with the majority of people who died within a short space of time of having the Vaccine in relation to the Heart, Was Definitively Caused by the Vaccine.

This is really a very horrific situation we find ourselves in.

There was an investigation by the B.M.J., published in the summer of 2022, which revealed that most of the major Regulators across the world were taking most of their money from the Drug Industry.

The MHRA in the UK Receives 86% of its Funding from the Drug Industry, and the FDA in America Receives 65% of its Funding from the Drug Industry.

The medical regulators, again, should not be taking any money from the Industry, as this is a gross conflict of interest.

I also want to highlight for people to understand the bigger picture.

Prior to the pandemic, I had realised that there was a big problem with the reliability of clinical research, where invariably the results of clinical trials on all drugs sponsored by the Drug Industry, grossly exaggerate their safety and benefits.

Professor John Ioannidis from the University of Stanford, the most cited medical researcher in the world in 2006, published a paper which was entitled "Why Most Published Research Findings Are False".

In that paper, he makes a point that the greater the financial interests in a given field, the less likely the research findings are to be true.

I say this in context of the Pfizer mRNA Vaccine, which has made the company $100 Billion.

The Editor of the Lancet, Richard Horton, in 2015, wrote an article in the Lancet in relation to a secret meeting that had taken place with himself and some of the world's top medical academics.

In that, he wrote that possibly half of the medical published literature may simply be untrue. And he said that science has taken a turn towards darkness.

I believe in this case, and in this court today, this is going to be a very pivotal potential moment in history for that first step.

I was also surprised when I did my own critical research, that **the World Health Organisation (WHO), actually, when the vaccines were being distributed, had endorsed a list of Potential Serious Harms and Side Effects that can happen from the Vaccine.**

That list involves Every Organ System in the Body, and anything that can go wrong with the Heart is on that list.

The medical profession is hierarchical and obedient, which is a risk factor for abuse of power.

And this actually is a conclusion that was drawn from Israeli academics and doctors in 2017.

In relation to the Role of the Medical Profession in the Holocaust.

I was personally shocked to learn that 45% of the Medical Profession joined the Nazi party, versus 7% of Teachers.

It's important to mention that the Drug Industry has a Financial and Legal Obligation to Make Profit for their Shareholders. They have no legal requirement to give you the best treatment. The extent of their Self Interest is actually Pathological.

The pre eminent Forensic Psychologist, Doctor Robert Hare, who was involved in the original international diagnostic classification of Psychopathy, he has said that Big Corporations, including Big Pharma, quite often in the way that they conduct their business, fulfil all the criteria for Psychopaths, specifically Callous Disregard for the safety of others, incapacity to experience guilt, Deceitfulness, and conning others for profit. And I call this the Psychopathic Determinants of Health.

This is a derivation from an accepted public health definition of the Commercial Determinants of Health, which specifically is defined as strategies and approaches adopted by the private sector to promote products and choices that are Detrimental to Health.

It took me 9 months to really try and look for reliable evidence on the issue of the Vaccine, because of this huge publicity bias in favour of the safe and effective narrative.

Even social media companies were influenced very heavily by government narrative that was essentially supporting or promoting the interests of the Drug Industry.

A very senior employee of Meta, who I met, explained to me that the so called independent fact checkers that come up on social media sites are not independent at all. They are essentially there to promote the interests of their industry partnerships and relationships, which, in relation to Multinational Corporations, I've already defined as being Psychopathic.

In most of my career as a public health advocate, and activists, have utilised the mainstream media have relationships with many journalists across the board.

Many of them have been scared who are aware about what's happening or couldn't get stories past their editor.

But you can't keep the truth hidden for very long and through various channels and through real world experience of people who have suffered side effects themselves or have family members suffering Side Effects.

My speciality is Cardiology.

I have not done any specific research or investigations into other Vaccines prior to this, but I felt my primary role in this particular case was to link the issue of the Covid **Vaccine and Cardiovascular Side Effects.**

It was **the relationship of my father's death was specific to one side effect of the Vaccine, potential side effect in terms of his acceleration of Coronary Artery Disease.**

The reason that I looked at the Pfizer in particular because that was the one I had taken, the one I had most understanding of, and mainly also because that was the

most still is the most is the predominant Covid Vaccine being used in the world.

I don't have any direct relationship with the WHO. However, **I have highlighted that I have grave concerns about their financial ties to Industry. For example, the second largest contributor to the World Health Organisation (WHO) funding is the Bill and Melinda Gates Foundation.**

And Bill Gates has heavily invested stocks in Pharmaceutical Companies, and they made half a billion dollars from investments in the Covid Vaccines.

This is not just my personal opinion as being a problem. The former **Director-General of the World Health Organisation, Margaret Chan**, in an interview after she left that role, said **that 70% of the funding that goes to the World Health Organisation comes with strings attached.**

Therefore, in my view, as long as the World Health Organisation continues to take money from industry interests, they cannot and should not be trusted to give any independent health advice.

Question: Covid-19 Vaccinations have saved more than 1.4 million lives in the WHO European region. A new study finds. Copenhagen, 16 January 2024.

We've already established that the reanalysis of those original trials suggested More Harm than good from the Vaccine.

But even if we except, and it may be true that 1.4 million lives were saved from the Vaccine, it would be also reasonable to say it would be equally true that the Vaccine has killed more than 1.4 million people. The last number interestingly which we didn't discuss, is that **in the original trials there were more people that died.**

There were more people that died in the Vaccine group than the actual placebo group, and that should have been a red flag. There has been a suggestion that in the United States, **the death rate from the Vaccine could be, could be as high as 1 in 1,000 people Vaccinated.**

If we are to accept the potential possibility of 1.4 million lives being saved from the Covid Vaccine, I think there is a lot more evidence and quality of data to suggest that it has actually caused more harm.

I've already mentioned the fact that there is grave concerns, with **good evidence, of institutional corruption in the medical establishment, of leading academics having too close financial ties to the Drug Industry**.

I expect that most of the people here are fully Vaccinated. I also have concerns moving forward, especially as we now have a lot of the concerns around the world of excess deaths.

We have certainly a lot of reports coming out of public figures, including in the UK, of people getting cancer.

I have very recently been diagnosed only a few days ago as likely having severe Vaccine injury myself through analysis of my gut microbiome from a very eminent doctor in the United States, consistent with what she's seeing with many people with Vaccine injuries.

We must act very quickly for everybody that has been Vaccinated to identify who is likely at risk of developing problems in the future, including cancer." - Dr Aseem Malhotra, MD, "Testimony", Helsinki District Court, Finland, 12 April 2024.

"The nearly general declaration of my patients enables me to proclaim that Vaccination is not only an illusion, but a curse to humanity. I myself known the names of a hundred physicians who think like me." *- Dr Stowell, 20 years a Public Vaccinator, England, in "Documents of the Assembly of the State of New York", 1876.*

Chapter 1

Concerning Smallpox

"It would be too large for a letter, to give you an account of its history; only in general I find no variolis (Smallpox), but do regret greatly, that I did not say, that, considering the practices that obtain, both amongst learned and ignorant physicians, i**t had been happy for mankind, that either the art of physic had never been exercised, or the notion of malignity never stumbled upon.**

As it is palpable to all the world, how fatal that disease proves to many of all ages, so it is most clear to me, from all the observations that I can possibly make, that **if no mischief be done, either by physician or nurse, (Smallpox) it is the most slight and safe of all other diseases."** - Thomas Sydenham, MD, Letter to Robert Boyle, 2 April 1688, in "The Works of the Honourable Robert Boyle", 1772.

*"**Small-Pox** being too much forced out, by giving Cordials, and by a hot Regimen run into one, a foul spectacle, and one that threatens a sad event; and these and the like symptoms are usually occasioned by these errors; whereas I never observed any mischief from the other Method:*
***For Nature, left to herself, does her work in her own time, and separates, and then expels the matter in the right way and manner."** - Thomas Sydenham, MD in "The Whole Works of Dr Thomas Sydenham", 1715.*

"I heartily thank you, **for your method of cure in the Small-pox, whereby that dreadful disease (unless some malignity, of some unusual thing happen, maybe be easily cured), if Nurses, a sort of people very injurious to the Health of man, did not obstruct, who by the hot regimen and medicines, confound all things, and kill so many before their time.**" - Dr William Cole, MD in "The Whole Works of Dr Thomas Sydenham", 1715.

"A natural simple smallpox seldom kills, unless under very ill management, or when some lurking evil that was quiet before is roused in the fluids and confederated with the pocky ferment (Vaccine)." *- Isaac Massey, 1727.*

"I consider even the natural small-pox a mild disease, and only rendered malignant by mistakes in nursing, in diet, and in medicine, and by want of cleanliness.
The fatal treatment of this disease, for 2 centuries, by warming and confining the air of the chamber, and by stimulating and heating cordials, was the cause of 2/3 of the mortality which ensued." *- John Birch, Member Royal College of Surgeons, in "The Gentleman's Magazine", 1814.*

"The medical certificate of the first who died gave "Blood Poison" as the cause of death.

That was quite true; Vaccination was Blood Poisoning.

But when the second one died they thought it was time to change the name of the disease, although, as a matter of fact, the cause was the same, so the medical men told the Minister for War that the death was due to scarlet fever.

If they had read Dr Allbutt's book on Medicine, they would have known that Vaccination produced symptoms resembling those of Scarlet Fever, and to pretend that this recruit died of Scarlet Fever showed how hard up they were to defend this horrible system.

Would the Government go on enforcing this process, would they go on enforcing this one cause of unnecessary suffering, which was a hundred times more horrible than the disease it was intended to prevent?

Smallpox, properly treated, was one of the most harmless of diseases.

Dr Smiley, of Matlock Bath, wrote during the Smallpox Epidemic of 1871–2, regretting to read of the numerous deaths from Smallpox, said:

"It is a most harmless disease if properly treated. I have treated hundreds of cases without a single fatality." - Dr Smiley, MD." - in "Private Bill Business Vol. 169, UK Parliament, 14 February 1907.

"When any person afflicted with any species of Fever, is confined in a close and heated apartment, in which the free circulation of air is prevented by closed doors and windows, curtains, etc, and is kept at the same time under a load of bed-clothes, and supplied with hot drinks, or even cordials of vinous and fermented liquors, with the view of inducing perspiration, the consequences are as follow.

The whole train of symptoms is aggravated.

The heat of the patient is raised considerably above the natural standard, notwithstanding the

profuse perspirations that are constantly bathing him; the pulse is excited to the highest febrile standard; the thirst becomes incessant to supply the unnatural waste of fluids; the mouth and lips become parched and furred; the head is in constant pain, with confusion of ideas, preventing all sound sleep,

and occasioning distressing dreams, and at length delirium; the whole powers of the frame become prostate, with disposition to fainting, on being moved, or on passing an evacuation by stool; and from this situation the recovery is extremely precarious.

In cases of contagious fever, such as smallpox, measles, scarlet-fever, etc, the eruption is always greatly multiplied by this hot regimen, and all the symptoms changed to what has been called a putrid type; the tongue, teeth, and lips, become coated with black, clammy, and immovable fur; purple spots appear on the skin; and the whole disease assumes the character of malignancy." - in "The Cyclopaedia", 1810.

"Put many a patient underground, whose disease would have ended in recovery if it had been let alone.

We are ready to admit frankly that in the past many patients have unquestionably "died of the doctor"; in fact this very disease, variola (smallpox), is a case in point, for the change in the death rate, as compared with earlier records, leaves no possible doubt that mistaken treatment had more than anything else to do with the great mortality of the scourge.

Some of us can see very plainly that our colleagues, who are today puzzling their brains to explain the terribly increased mortality of Pneumonia, need only to leave their hypodermic syringes, and morphine at home to find the solution of their problem." - Dr Henry G. Hanchett, in "New York Journal of Homœopathy", 1899.

"For 40 years, corresponding roughly with the advent of the "Sanitary Era," Smallpox has gradually but steadily been leaving this country (England).

For the past 10 years the disease has ceased to have any appreciable effect upon our mortality statistics.

For most of that period it has been entirely absent except for a few isolated outbreaks here and there.

It is reasonable to believe that with the perfecting and more general adoption of modern methods of control and with improved sanitation (using the term in the widest sense), Smallpox will be completely banished from this country as has been the case with plague, cholera, and typhus fever.

Accompanying this decline in Smallpox there has been a notable diminution during the past decade in the amount of infantile Vaccination.

This falling off in Vaccination is steadily increasing, and is becoming very widespread." - Dr C. Killick Millard, MD, Medical Officer of Health for Leicester, in "State Medicine a Menace to Democracy", 1920.

"But facts could not long be ignored.

Instead of proving itself a harmless and beneficent invention, experience made it evident that the practice of Smallpox inoculation actually (and naturally enough) spread Smallpox — every inoculated person becoming a new center of contagion.

This fact so strongly impressed itself on the British public that in 1840 the inoculation which had been so highly endorsed by the Royal College of Physicians was condemned by Act of Parliament as a Criminal Offence.

At first 1 Vaccination was to protect for life; this claim was soon modified, and 2 Vaccinations were considered necessary to confer lifelong immunity.

The obstinacy of Smallpox in attacking persons so Vaccinated then resulted in shortening the period of immunity to 14 years; later it was reduced to 7 years, then 5, and in the Spanish-American War — as shown by the practice of our army surgeons — 6 weeks was considered the limit of immunity." - in "State Medicine a Menace to Democracy", 1920.

"Confluent Smallpox - The entire face may be covered by one enormous pustule. The involvement of the throat is usually extensive. The subsidence of symptoms and the fall of temperature seen as the eruption is developing are less than in discrete smallpox. Then, with the onset of suppuration or before it, all the general symptoms are manifested in great force. **Vomiting and retching may be continuous, the Cervical Lymphatic Glands are much enlarged,** and the temperature is high with little remission.

The symptoms in general are those of Intense Toxemia.

The crusts which form later are slow in being shed.

Mild Smallpox - Individual cases, or even epidemics, occur in which, although there has been no protection by Vaccination, the course of the disease is extremely mild.

The lesions are few in number or entirely absent (Variola sine eruptione), **and the constitutional symptoms mild or insignificant."** - John Price Crozer Griffiths, 1921.

"My intention in this paper is to give a history of epidemic disease in the past, a brief description of its prevalence in the present, and in the light of principles thence learned, to forecast its behaviour in the future.

What has been the cause of the rise and fall of smallpox?

Its decline in the later decades of the 19th century was at one time almost universally attributed to Vaccination, but it is doubtful how true this is.

Vaccination was never carried out with any degree of completeness, even among infants, and was maintained at a high level for a few decades only.

There was therefore always a large proportion of the population unaffected by the Vaccination laws.

Re-Vaccination affected only a fraction.

At the present the population is largely entirely unvaccinated.

Members of the Public Health Service now flatter themselves that the cessation of such outbreaks as do occur is due to their efforts. But is this so?

The decline in the diseases just mentioned may be attributed generally to improvement in hygiene and standards of life." - Dr G. K. Bowes, MA, MD, DPH, Medical Officer of Health, Bedford, in "Epidemic Disease: Past, Present and Future", Journal of the Royal Sanitary Institute, Royal Society of Health, 1946.

"In Leicester during the 62 years since Infant Vaccination was abandoned there have been only 53 deaths from smallpox, and in the past 40 years only 2 deaths. Moreover, the experience in Leicester is confirmed, and strongly confirmed, by that of the whole country.

Vaccination has been steadily declining ever since the "conscience clause" was introduced, until now nearly 2/3 of the children born are not Vaccinated.

Yet smallpox mortality has also declined until now quite negligible.

In the 14 years 1933-1946, there were only 28 deaths in a population of some 40 million, and among those 28 there was not 1 single death of an infant under 1 year of age." - Dr C. Killick Millard, MD, Medical Officer of Health for Leicester, in "The Medical Journal of Australia", 1 February 1964.

"The mortality and morbidity from routine Infant Smallpox Vaccination in this country is now truly appalling when compared to the risk of Smallpox.

Analysis of data obtained from a review of questionnaires received from 19,616 physicians surveyed by us suggested that the estimated number of complications in 1963 was approximately 3,000, with 10 to 18 deaths among a total of 14 Million persons Vaccinated.

The last Smallpox death in the United States following an importation occurred in 1948, **but since that time there have probably been 200 to 300 deaths from Smallpox Vaccination.**

The majority of workers in the field of Public Health sincerely feel that the current morbidity and mortality from routine Vaccination is "the price we have to pay" for keeping our country free of smallpox." - Professor C. Henry Kempe, Chairman of the Department of Paediatrics, in "Smallpox Vaccination of eczema patients with attenuated live vaccinia virus", The Yale Journal of Biology and Medicine, August 1968.

"If people are worried about endemic smallpox, it disappeared from this country not because of our mass herd immunity. It disappeared because of our economic development. And that's why it disappeared from Europe and many other countries, and it will not be sustained here, even if there were several importations, I'm sure.

It's not from universal Vaccination." - Dr Thomas Mack, MD, University of Southern California, in "Scientific and policy considerations in developing smallpox vaccination options", Institute of Medicine, June 2002.

"Smallpox is not as infectious as its reputation would suggest. Disappearance was facilitated, not impeded, by economic development. Long before the World Health Organization (WHO) Smallpox Eradication Program began, and despite low herd immunity, unsophisticated public health facilities, and repeated introductions, smallpox disappeared from many countries as they developed economically." *- Dr Thomas Mack, MD, MPH, in "A Different View of Smallpox and Vaccination", New England Journal of Medicine, 30 January 2003.*

"Statistics on Vaccination against Small Pox in the Philippines when the United States took over are instructive. Reports run thus: In 1918, the Army Forced the Vaccination of 3,285,376 natives when No Epidemic Was Brewing, only the sporadic cases of the usual mild nature. Of the Vaccinated persons, 47,369 Came Down with Small Pox, and of these 16,477 Died. In 1919 the experiment was doubled, 7,670.252 natives were Vaccinated. Of these 65,180 cases Came Down with Small Pox, and 44,408 Died. One sees here that the Fatality Rate Increased in the Twice Vaccinated cases." *- Professor Dr William Frederick Koch, MD, in "The Survival Factor In Neoplastic Diseases", 1961.*

"It surely would be unreasonable to expect the public should continue their patronage and confidence, when their safety is positively and confessedly in the greatest danger; and it would be downright madness to imagine they ought, or will continue to adopt Vaccination, as a defence against small-pox, when experience has proved that no one who trusts to that practice is protected, or his life safe against the variolous epidemic, but must fly from it for safety; and more especially when even now, 7 or 8 of every 100 Vaccinated cases have, for some years past, fallen a prey to small-pox, which exceeds 20 times the number that died from inoculation with small-pox; and also, as far as present experience goes, much above 50% of all who have placed their security in Vaccination have undergone an attack of small-pox, and that there is no security for any one who has undergone Vaccination, as a protection against the variolous epidemic." - Dr Thomas Brown, Surgeon, in "An Investigation of the present Unsatisfactory and Defective State of Vaccination", 1842.

It Would Be Discovered That Smallpox Could Not Be Universally Caught

"We have had to caution our readers repeatedly against the common assumption that the London smallpox of last century was the measure of English smallpox.

It was not so. **Smallpox was endemic in London, whereas it occurred as an occasional epidemic in other English towns, and was almost unknown in many rural districts.** Moreover, the disease was not allowed to die out, but was diligently cultivated and diffused by inoculation.

As Vaccination was introduced, the practice of inoculation correspondently ceased, and with its cessation there was an abatement of smallpox, which abatement was unwarrantly ascribed to Vaccination. We apprehend that if smallpox were something desirable which everyone was intent on catching, **it would be discovered that it could not be universally caught, and that its propagation had definite limits;** and it is not improbable that among **Londoners the limit of propagation was closely approached, so that nearly all who were susceptible contracted the disease.**

Septic Poison Causes Septic Disease

Dr Carl Spinzig of St. Louis, USA, does not believe in the existence of any peculiar or specific infection in the case of smallpox; and even quotes the statements of distinguished French and German microscopists to the effect that the minute examination of Vaccine and variolous matter shows these two substances to have, in the specimens examined, absolute microscopical identity in all essential characters.

Even under spectroscopic examination no essential difference was observed, a result which is likely enough when the one substance has been deliberately produced by inoculating calves or heifers with the other. **According to Dr Spinzig, Variola belongs to the class of Septic Diseases;**

and may be produced, de novo, whenever a special set of conditions exists.

These conditions are partly within the body and partly without, and are especially likely to occur in connection with insanitary surroundings, and amongst an ill-fed, ill-clothed, and dirty population. Dr Spinzig's work is valuable, both from a statistical and a scientific point of view.

Specific Poisons Cause Regressive Metamorphosis In The Human Body

He certainly gives high authorities in support of his own view, which seems likely to modify our conceptions of so-called **"specific poisons" occurring in the course of "regressive metamorphosis" such as takes place in morbid changes in the human body. The imminent danger of permanently injuring health, and of bringing life into early peril, arising from Vaccination, must thus be fully apparent; if yet its practice is insisted on it cannot be considered as anything else than a wilful crime, and should certainly be liable to the same penalties as all other criminal practices against life."** - in "The Vaccination Inquirer and Health Review", June 1881.

Fever Depends on Absorption of Poison

"Infusions made of fragments of organic matter, animal or vegetable, afford the material on which bacteria may work and elaborate Septic Poison, so will organic substances retained afford the conditions for the formation of Septic Poison, which, when it gets into the System, will set up Fever.

The rapidity with which the Fever subsides when [septic poison is removed], proves that the Fever Depends on the Absorption of the Poison." - in "The British Medical Journal", 2 August 1884.

The Leicester Experiment

"The "Leicester Experiment" was undertaken on this basis. Leicester was one of the battle grounds of the Vaccination controversy.

The guardians enforced the law and the number of prosecutions arose from only 2 in 1869 to 1,154 in 1881.

By 1886, between 6,000 and 7,000 parents had been summoned, 64 of these parents had been jailed with terms of imprisonment ranging from 7 to 30 days.

Many distress warrants upon household goods were issued and carried out, with rioting and disturbances against the authorities; and the sum of £2,388 Pounds was paid in fines by the persons proceeded against.

Among the prosecuted were ministers of religion, medical men, members of the Town Council and Board of Guardians, schoolmasters and persons from every position in life.

A public demonstration in which thousands participated was held on 23 March 1885.

The expression of opinion was so vehement that the law became inoperative and much attention was given to the Improvement of the Sanitation of the city.

For a number of years following this campaign the smallpox rate in the city was low and this was held as proof of the validity of the principle that Proper Sanitation in itself was sufficient to prevent smallpox.

Subsequently, however, smallpox increased, and C. K. Millard, **the Medical Officer of Health in Leicester, insisted that Vaccination and Revaccination were necessary as a precaution against smallpox in Addition to Adequate Sanitation.**

George Bernard Shaw, as early as March 1906, wrote:

"For years past the strain of countenancing such a proceeding, so gross, reckless, dirty and dangerous, as Vaccination from the calf, has been growing unbearable to bacteriological experts.

Nothing but the natural ignorance of the public, countenanced by the inoculated erroneousness of the ordinary general Medical Practitioners, makes such a barbarism as Vaccination possible.

Recent developments have shown that an inoculation made in the usual general practitioner's light-hearted way, without previous highly skilled examination of the state of the patient's blood, is just as likely to be a simple manslaughter as a cure or preventive. But Vaccination is nothing short of attempted murder"." - Bernhard J. Stern, Instructor of Sociology, Columbia University, in "Should We Be Vaccinated?", 1927.

The Beginning of Vaccination & The Advent of Infantile Spam

"Infantile Spasms is a but serious type of Epilepsy.

It's associated with a unique, very abnormal brain wave pattern that can cause serious harm to a young, developing brain.

This seizure type can happen during the first 2 years of life, most commonly between 5–7 months of age.

Babies also might have slowed development or loss of skills (like babbling, sitting, or crawling).

Although the spasms usually go away by the time a child is 4 years old, many babies with Infantile Spasms will have other kinds of Epilepsy later in life.

The term West Syndrome is used when a baby has Infantile Spasms, a unique EEG pattern **(Hypsarrhythmia), and Developmental Delay."** - in "Infantile Spasms", Nemours Children's Health, February 2022.

"Smallpox was ever endemic in New England, as it was in London.

Dr Waterhouse writing in 1787 observed:

> *"I do not believe there is at present a single person infected by small-pox in all the four New England Governments."*

The disease broke out now and then, and was always traced to some wayfarer, or ship, or parcel of goods; never to bad drainage, or no drainage, or the stenches that pervaded the domestic interiors of last century, whether in America or Europe.

In this matter, the exercise of a little imagination is requisite to realise the historic facts: they are disagreeable; but if people will insist on comparing the smallpox of the 18th century with that of the 19th, it may become necessary to be explicit as to certain domestic details concerning which there is a conventional reserve.

It was by Dr Benjamin Waterhouse, Professor of the Theory and Practice of Physic in the University of Cambridge, Massachusetts, that Vaccination was introduced to America.

He described the new rite in the Columbian Centinel of 12 March 1799, as "Something Curious in the Medical Line." - in "The Vaccination Inquirer and Health Review", 1882.

First Vaccination Act Was Created In 1840

***"Vaccination Acts were passed in 1840**, 1853, 1867, 1871, 1873, 1898, 1907." - in "Vaccinating Britain: Mass Vaccination and the Public since the Second World War", Manchester University Press, 2019.*

"Vaccination against smallpox, stemming from Edward Jenner's experiments in 1796.

Vaccination spread rapidly through Western Europe.

But it was not easy to ensure that Vaccination was well advertised and easily available, **and that the lymph needed for the Vaccine was effective and safe.**

The reform of the English Poor Law in 1834, followed by the Registration Act of 1836, gave England a basis for a public Vaccination service, and in 1840 the first Vaccination Act enabled the new Poor Law guardians to set up public Vaccination services, usually through their own Poor Law medical officers.

Vaccination was not compulsory in England until 1853, when the law began to involve the local registrars of births, marriages and deaths.

The registrars gave blank Vaccination certificates to parents of newly born children, who had to return them within a specified time, signed by a medical man to indicate a successful Vaccination, or face a fine.

Further legislation in 1867 tried to tighten up the law: to force guardians to provide adequate services, to compel doctors to fill in the certificates efficiently, and, in particular, **to make guardians prosecute parents who did not have their infants Vaccinated.**

Alarm over the number of Deaths of Children Following Vaccination, made many people suspicious of Vaccination, and anti-Vaccination campaigns were vigorous and well publicized." - in "Scottish Way of Birth and Death", University of Glasgow, 2024.

Compulsory for Infants Under 3 Months Old to be Vaccinated

"**1840 marked the first in a series of laws regarding Vaccination in Britain.**

The Act of 1840 also provided free Vaccinations for the poor through the new Poor Law Unions. The government ramped up its focus on improving Vaccination rates and subsequently passed the Vaccination Act of 1853.

The Act made it Compulsory for all infants under 3 Months Old to be Vaccinated.

Local registrars of births, marriages and deaths gave out Vaccination certificates to parents of newborns which had to be returned signed by a doctor.

Negligent parents could be fined or imprisoned." - "Victorian Health Reform, How did the Victorians view Compulsory Vaccination?", The National Archives, 2024.

Infantile Spasm

"Infantile Spasm is a catastrophic form of Epilepsy, found only in infants and young toddlers. Onset is before 1 Year of Age, with a peak incidence occurring between 4 to 7 Months of Age." *- in "Infantile Spasms", Curr. Treat. Options Neurol., May 2001.*

The Advent of Infantile Epileptic Convulsions After Vaccination

"I call the attention of the medical profession to a very rare and singular species of convulsion peculiar to young children.

As the only case I have witnessed is in my own child.

The child is now near a year old; **was a remarkably fine, healthy child when born, and continued to thrive till he was 4 months old.**

It was at this time that I first observed slight bobbings of the head forward, which were the first indications of disease; for these bobbings increased in frequency, and at length became so frequent and powerful, as to cause a complete heaving of the head forward towards his knees.

And then immediately relaxing into the upright position, something similar to the attacks of emprosthotonos (tetanic spasm in which the head and feet are brought forward toward each other and the back arched): these bowings and relaxings would be repeated alternately at intervals of a few seconds, and repeated from 10 to 20 or more times at each attack.

Which attack would not continue more than 2 or 3 minutes; he sometimes has 2, 3, or more attacks in the day; they come on whether sitting or lying; just before they come on he is all alive and in motion, making a strange noise, and then all of a sudden down goes his head and upwards his knees; he then appears frightened and screams out: at one time he lost flesh, looked pale and exhausted.

But latterly he has regained his good looks, and, independent of this affection, is a fine grown child, but he neither possesses the intellectual vivacity or the power of moving his limbs, of a child of his age; he never cries at the time of the attacks, or smiles or takes any notice, but looks placid and pitiful, yet his hearing and vision are good; he has no power of holding himself upright or using his limbs, and his head falls without support.

Although I have had an extensive practice among women and children, and a large circle of medical friends, I have never heard or witnessed a similar complaint before.

The view I took of it was that, most probably, it depended on some irritation of the nervous system from teething; and, as the child was strong and vigorous, I commenced an active treatment of leeches and cold applications to the head, repeated calomel purgatives, and the usual antiphogistic treatment; the gums were lanced, and the child frequently put into warm baths.

Notwithstanding a steady perseverance in this plan for 3 or 4 weeks, he got worse, the attacks being more numerous, to the amount of 50 or 60 in the course of a day.

I then had recourse to sedatives, syrup of poppies, conium, and opium, without any relief; at 7 months old he cut 4 teeth nearly altogether without any abatement of the

symptoms, and, up to this period, he was supported solely at the breast; but now, at the 8 month I had him weaned, as he had lost flesh and appeared worse; I then only gave him alternatives, and occasionally castor oil.

Finding no benefit from all that had been done, I took the child to London, and had a consultation with Sir Charles Clarke and Dr Locock, both of whom recognized the complaint; the former, **in all his extensive practice, had only seen 4 cases**, and, from the peculiar bowing of the head, called it the "Salaam Convulsion"; the latter gentleman has only seen 2 cases.

In another case, mercury, corrosive sublimate, opium, zinc, and the preparations of iron, were tried without the slightest advantage; and, about 6 months from the commencement of the symptoms, new one was added; there began a loss of motion in the whole of the right side, and the child could scarcely use either arm, hand, or leg.

Sir Astley Cooper saw the child in this state: he had never seen or heard of such a case.

Sir C. Clarke, knows the result of only 2 of his cases; one perfectly recovered; the other became paralytic and idiotic; lived several years in that state, and died at the age of 17 years.

Although this may be a very rare and singular affection, and only noticed by 2 of our most eminent physicians, I am, from all I have learnt, convinced that it is a disease (sui generis) which, from its infrequency, has escaped the attention of the profession.

In my own child's case, the bowing convulsions continued every day, without intermission, for 7 months; he had then an interval of 3 days free; but, on the

4th day, the convulsions returned, with this difference, instead of bowing, he stretched out his arms, looked wild, seem to lose all animation, and appeared quite exhausted. Tunbridge, Kent, England, 26 January 1841." - Dr W. J. West, MD, in "On a peculiar form of Infantile Convulsions", Lancet, 1841.

"Mandatory Smallpox Vaccination came into effect in Britain and parts of the United States of America in the 1840s and 1850s, as well as in other parts of the world, leading to the establishment of the Smallpox Vaccination Certificates Required for Travel." *- in "History of Smallpox Vaccination", WHO, 2024.*

"Recently, Dr Winn in "London Medical Times and Gazette", p.532, 1855, relates a case of a child, 9 years old, who, from infancy, had an uncontrollable rotatory movement of the body from left to right.

In the same journal (p.623), a case is reported of a female child, 3 years old, who was frequently turning round in the cradle, for months together, from left to right, raising herself on her elbows and knees, and uttering a low moaning cry.

I have referred to these cases because they nearly approach an affection closely allied to chorea, respecting which little has been written, and of which little seems to be known.

I allude to the disease known as Salaam Convulsions, so called because of the peculiar and repeated bobbing of the head of persons thus affected, reminding one of the salaams of the East, or of the nodding of Chinese toys.

In the year 1850, while resident physician at the Pennsylvania Hospital, a case of this disease came under my notice.

A little girl, between 3 and 4 years of age, was admitted for disease of the scalp (probably porrigo).

She was a bright, intelligent child — unusually so for her age.

Soon after her admission, she was found sitting up in bed nodding her head almost to her knees, uttering at the same time a low moaning cry as if putting her doll to sleep.

It was ascertained that these movements were beyond her control, that they lasted from 5 to 10 minutes, or in

some attacks much longer; that they occurred in paroxysms, and that they varied very much in intensity.

An attack would often be brought on by the visit of the house surgeon, when the little one would salute him in her pleasant way, with "Good morning to the doctor", repeated 2 or 3 times, and then be seized with this violent bobbing motion, lasting many minutes, during all which time she would continue humming her strange chant.

Under treatment, addressed to the disease for which she was admitted, attention to the bowels, and the use of tonics, she entirely recovered." - Dr James J. Levick, MD, in "Remarks on Chorea, with Notices of some Allied Disorders", American Journal of the Medical Sciences, January 1862.

Infantile Spasms - West Syndrome

"On 26 January 1841, Dr W. J. West, of Tunbridge, England, wrote a letter to the Lancet in which he described the condition of his son, then 1 year old. He wrote that **The Child Was Normal Until 4 Months of Age, when he developed slight bobbings of his head forward.** He initially regarded these head bobbings as a "trick"; however, West then observed that:

> ***"These bobbings increased in frequency, and at length became so powerful as to cause a complete heaving of the head forward towards his knees, and then immediately relaxing into the upright position... these bowings and relaxings would be repeated alternately at intervals of a few seconds, and repeated from ten to twenty times at each attack, which attack would not continue more than 2 or 3 minutes; he sometimes has 2, 3 or more attacks in the day; they come on whether sitting or lying; just before they come on he is all alive and in motion, making a strange noise, and then all of a sudden down goes his head and upwards his knees."***

This is the first known written description of Infantile Spasms, and Dr West could not have written a better description of the seizures.

West went on to describe the Decline In Development of his son, stating that:

> ***"Neither possesses the intellectual vivacity or the power of moving his limbs, of a child his age... he has no power of holding himself upright or using his limbs, and his head falls without support."***

As noted by Dr West, Infantile Spasms are a:

> ***"Species of convulsion peculiar to young children."***

The disorder is truly age dependent, always beginning during early childhood.

In recognition of Dr West's success at bringing this disorder to medical attention, the triad of Infantile Spasms, Hypsarrhythmic Electroencephalogram (EEG), and Mental Retardation is referred to as West Syndrome.

In the literature, the term "Infantile Spasms" is used to indicate this form of seizure as well as a synonym for West Syndrome.

Consequently, in the literature it is impossible to distinguish the data referring only to this particular type of seizure from those referring also to the Epileptic Syndrome.

The Disorder is also referred to in the literature as:

1. Massive Spasms
2. Salaam Seizures
3. Flexion Spasms
4. Jackknife Seizures
5. Massive Myoclonic Jerks
6. Infantile Myoclonic Seizures

In French as:

Tics de Salaam.

In the German literature as:

Blitz-Nick- Saalam Krampfe.

Therefore, it was not clear from the beginning that these paroxysmal events were epileptic in nature.

The term "Infantile Spasms" is appropriate for a syndrome because it is characterized by the combination of a seizure type with a specific age of onset.

The term "Epileptic Spasms" is more appropriate to refer to a seizure type. However, because "epileptic spasms" is not widely used, we will keep the term "Infantile Spasms" to refer to the seizure type occurring in infancy.

Infantile Spasms are considered to be generalized seizures, and are said to resemble Myoclonic Seizures but with a tonic component.

However, **Infantile Spasm may begin with a focal onset.**

As noted by Carrazana et al.,:

> ***"A wholly satisfactory categorization of Infantile Spasms is still elusive, reflecting our lack of understanding of the factors underlying this dramatic Epileptic Syndrome: namely how such a broad etiological range can be expressed in a common set of clinical and electrographic features."***

Following the latest classification of epilepsies, and epileptic syndromes, Infantile Spasms as a syndrome have been conventionally classified into those in which **there is no apparent preceding neurologic disorder or identified etiologic factor (idiopathic).**

Epidemiology

Infantile Spasms typically begin during the first 2 years of life, with a peak age of onset between 4 and 6 months of age.

Approximately 90% of Infantile Spasms begin before 12 months of age, and it is rare for infantile spasms to begin during the first 2 weeks of life, or after 18 months of age.

However, cases with later onset, in the second year of life and up to 4 years of age, have been reported.

The clinical and Hypsarrhythmic Electroencephalogram (EEG) features of Infantile Spasms beginning after the age of 12 months seem to be distinct, and it has been shown that they have features intermediary between West and Lennox-Gastaut syndromes.

A familial occurrence is rare.

The term infantile spasms is often considered a synonym of West syndrome.

The characteristic features of this syndrome are epileptic spasms, hypsarrhythmic EEC pattern, and arrest in psychomotor development.

In some children, the epileptic disorder evolves into other syndromes, such as Lennox-Gastaut Syndrome.

Often the tonic seizures in this syndrome are virtually identical to the spasms seen in West syndrome.

The infantile spasm is truly a unique childhood seizure type, with characteristic clinical and EEC features.

Although it resembles a myoclonic or tonic seizure, the spasm is a distinct type of seizure, lasting from 1 to 2 seconds and reaching a peak of intensity more slowly than a myoclonic jerk but more rapidly than a tonic seizure.

Spasms are rarely isolated and typically occur in multiple clusters during both the awake and sleep states.

A hypsarrhythmic or modified hypsarrhythmic pattern is the most common type of interictal abnormality, whereas the ictal EEC pattern consists of a positive wave over the vertex-central region, low-amplitude fast (14-16 Hz) activity, or a diffuse decremental activity.

A wide variety of etiologic agents can be associated with spasms, and outcome is clearly related to etiology.

The disorder can be catastrophic, with a slowing or regression of development associated with the spasms.

Although the pathophysiologic basis of spasms is not clear, there is increasing evidence that focal cortical abnormalities may interact with subcortical structures to generate both hypsarrhythmia and spasms."- in "Epileptic Spasms", Epilepsy: A Comprehensive Textbook, 2008.

Carry These Children in Your Hearts

"Jeffrey H. Schwartz: I appreciate the opportunity to appear before you today and to represent **"Dissatisfied Parents Together", concerned about the Pertussis Vaccine.**

It is important to emphasize that statements about the **Pertussis Vaccine being crude and of unquestioned Toxicity,** from leading proponents of the Vaccine, such as Dr Mortimer.

Since Madsen's 1933 study, more than 50 years ago, it has been know that **Pertussis Vaccines can Cause:**

1. **High Fevers**
2. **Convulsion**
3. **Anaphylactic Shock**
4. **Epilepsy**
5. **Brain Damage**
6. **Mental Retardation**
7. **Paralysis**
8. **Loss of Hearing**
9. **Loss of Sight**
10. **Loss of Speech**
11. **Death**

That is demonstrated in 50 years of published medical literature.

Generally agreed upon contraindications to administration of the Vaccine have been ignored all too frequently, with tragic resulting consequences.

The development and deepening of congressional concern about the continuing tragedy of Vaccine-Induced Brain Damage is most welcome.

We hope soon to reach the time when mothers and fathers will never again say:

> ***"They did this to our children, and then they left us alone with the damage."***

Every day we get more unutterably sad phone calls, and letters from parents whose children have been maimed or killed.

Many of them contain strong documentation.

Claims ought to be looked into; they certainly suggest Vaccine-Induced Injury, based on what we know from the available medical literature.

A stop has to be put to this tragedy as soon as it can be.

Surely denial of these Vaccine-Injured children, and denial of the dangers of the Vaccine is not the answer.

One year ago when I testified I noted that, even with our daughter's:

Seizure Disorder
Motor Problems
Hyperactivity
Speech Impairment
Learning Difficulties

At least we were luckier than **the parents of children who had died from the Vaccine.**

Six weeks ago Julie **died from a Cardiac Arrest suffered during Status Epilepticus resulting from her DPT Vaccine-Induced, Uncontrolled Seizure Disorder.**

Now it is too late for Julie, and it is too late for so many other children; it's 50 years too late, but it is not too late for tomorrow's children.

At Julie's funeral we read a poem for her that is called: "I Carry Your Heart in My Heart."

As the Committee considers S. 2117, we ask you to do the same for Julie, **for all the injured and dead children like her, but most of all for all of tomorrow's children, please, we ask the Committee: "Carry These Children in Your Hearts"**." - Jeffrey H. Schwartz, in "Hearing Before the Committee on Labor and Human Resources, US Senate, on Senate Bill 2117, National Childhood Vaccine-Injury Compensation Act", To amend the Public Health Service Act to provide for the Compensation of children and others who have sustained Vaccine-Related Injuries, and for other purposes, 3 May 1984.

Neurological Vaccine Injuries

"The whole question of Vaccine detoxification has never been systematically investigated.

The Neurologic Complications of Pertussis Vaccination were reviewed by Edward Mortimer (Case Western Reserve University, Cleveland, Ohio) and by Jean Aicardi (Hospital des Enfants Malades, Paris).

Listed in order of increasing severity, observed Adverse Reactions include:

1. **Fever**
2. **Irritability**
3. **Persistent Unusually High Pitched Crying**
4. **Excessive Somnolence**
5. **Seizures**
6. **Shock-Like "Hypotensive, Hyporesponsive" State**
7. **Encephalopathy**

These complications have been described in numerous publications, commencing with those of Madsen.

In Aicardi's personal series of 20 cases of seizures or encephalopathy, the onset was within 72 hours, and usually within 24 hours of pertussis Vaccination.

75% of his cases developed within 12 hours of the vaccination and 80% within 24 hours, a pattern often reflected in the literature and not compatible with the notion of a chance association.

Neurologic Complications Most Often Followed the First Vaccination

There was:

1. Frequently a Change in Consciousness,
2. Most characteristically Coma of Several Day's Duration, followed by an,
3. Abrupt Arrest in Development.

Seizures tended to assume the form of convulsive Status Epilepticus or of Severe Myoclonic Epilepsy.

This entity, which is usually seen unrelated to DPT vaccination, has its onset with uni- or bilateral Clonic Seizures in a setting of Fever.

Initial Attacks are followed by Myoclonic Seizures, atypical absence Attacks, or complex partial Seizures, and are accompanied by progressive mental deterioration.

The (triad of Infantile Spasms, Hypsarrhythmic Electroencephalogram) EEG is initially normal in some 75% of cases, but Tends To Deteriorate.

Since the neurologic picture is not specific for pertussis Vaccination, its temporal relationship to the Vaccination is the critical variable for determining causation.

The majority of seizures following Pertussis Vaccination are associated with Fever.

The incidence of Post-Vaccine Encephalopathy is difficult to ascertain.

The most carefully conducted retrospective case-control study reported that the relative risk of a Previously Normal Infant for the onset of an illness leading to Encephalopathy with Permanent Subsequent Disability was 4.2 times greater during the first 72 hours following DPT Vaccination than in controls.

Pathogenesis of Vaccine Injury

Peter Behan (Southern Central Hospital, Glasgow) incriminates several pathogenic mechanisms in post-pertussis Vaccine Encephalopathy.

The major one develops within 24 hours of immunization (Vaccination), but another mechanism remains active up to 1 week following immunization (Vaccination). He stressed that before 2 years of age the immature brain cannot react to autoimmune challenge.

As a consequence, neuropathological examination of infants succumbing to Pertussis Vaccination cannot be expected to confirm this mechanism of Brain Damage.

The Risk of Permanent Brain Damage

The risk of Permanent Brain Damage following DPT.

It was the consensus of the workshop, and in particular the participating neurologists, that the Vaccine may possibly Accelerate Neurologic signs or symptoms in some children.

Sudden Death Following Vaccination

Sudden Death may occur in infants in the course of Whooping Cough, and following Pertussis Vaccination.

Vaccine-Induced Brain Damage

In implicating Pertussis Vaccination in the evolution of subsequent neurologic residua, a careful consideration of the mechanism for Vaccine-Induced Brain Damage plays an important supporting role. Pertussis Toxin has been shown to alter cellular signaling. It also affects the catecholaminergic and GABergic systems in the brain.

Although normally a protein of the size of PT (pertussis toxin) would not be able to cross the blood-brain barrier include brief hypertensive episodes such as might occur during a Coughing Paroxysm, Hypoxia, and prolonged Seizures, whether or not they are accompanied by hypoxia.

In addition, a direct, endotoxin-mediated attack on the EndotheliaCells could create a local defect of the blood-brain barrier.

In summary, it was the consensus that there is sufficient experimental data to implicate both endotoxin and PT in Adverse Neurologic Reactions to pertussis Vaccine." - in "Workshop on Neurologic Complications of Pertussis and Pertussis Vaccination", Neuropediatrics, 21 November 1990.

Neurologic Complications Following Vaccination

"These complications include:

1. Autism (Measles Vaccine),
2. Multiple Sclerosis (hepatitis B Vaccine),
3. Meningoencephalitis (Japanese Encephalitis Vaccine),
4. Guillain-Barré Syndrome and Giant Cell Arteritis (influenza Vaccine),
5. Reactions after exposure to animal rabies Vaccine.
6. Seizures and Hypotonic/Hyporesponsive episodes following pertussis Vaccination,
7. Potential risks associated with varicella Vaccination, as well as
8. Vaccine-Associated Paralytic Poliomyelitis following oral poliovirus Vaccination.

In addition, Claims that Complications are Caused by Adjuvants, Preservatives and contaminants [i.e. macrophagic myofasciitis (Aluminium), Neurotoxicity (thimerosal), and new variant Creutzfeldt-Jakob Disease (bovine-derived materials)]

Conclusion

Immunization Is Not Without Risk, and Adverse Events are a Further Factor to Consider." - in "Neurological Adverse Events Associated With Vaccination", Current Opinion in Neurology, June 2002.

Brain Damaged, Paralysis, Tinnitus From Vaccines

"Over 13,000 formal complaints about Adverse Reactions to the Shots have been filed since 2021.

Side Effect profile of Covid Vaccines have been blocked by Government Officials and Scientists, who fear that Vaccines can Cause Harm.

A neuroscience PhD, had to move back into her parents after she was diagnosed with Brain Damage after getting the Covid Shot, she had received the Johnson & Johnson Vaccine in 2021.

A nurse practitioner, said that merely standing up would make his heart race ever since he got his first Covid Shot.

His symptoms Postural Orthostatic Tachycardia Syndrome (POTS), in which the body cannot regulate the flow of blood properly, causing lightheadedness, fainting, and rapid heartbeat. POTS has been tenuously linked to the Vaccines.

Dr Gregory Poland, who edits the Journal Vaccine, has had a loud whoosing sound in his ears accompany every single second since he got his Shot.

Dr Buddy Creech, a Vaccine Researcher at Vanderbilt University, has suffered Tinnitus and a racing heartbeat after each dose." - in "Neuroscientist, 37, and nurse, 54, claim they were left Brain Damaged And Paralyzed from Covid Vaccines - as they say they've been 'dismissed and gaslighted' as anti-vaxxers", Daily Mail, 3 May 2024.

"I have recently dissected more than 12 children whose deaths were caused by Vaccination, *and no small-pox, however black, could have left more hideous traces of its malignant sores, foul sloughing, hearts empty or congested with clots, than did some of these little victims. Shame!*
Indeed, scarcely a day elapses, but I am called upon to witness the sufferings of Vaccinated Children in the form of Cerebral and Gastric complications, persistent Vomiting, Bronchitis, Diarrhoea, with pustules in the mouth or throat (pharynx), on the eyelids, and ulceration of the cornea, which remains opaque and may lead to Blindness." *- Dr William Hycheman, MD, in "Small-pox and Vaccination," The Medical Tribune, 15 February 1879.*

"The Vaccine virus is a Poison. As such it penetrates all organic systems, and infects them in such a way as to act repressively on the pox. It is neither antidote nor corrigent [therapeutic], nor does it neutralize the small-pox, but only paralyzes the expansive power of a good constitution, so that the disease has to fall back upon the mucous membrane.
Nobody has the right to transplant such a mischievous poison compulsorily into the life of a child." *- Dr John Epps, MD, Director Jennerian Institute, London, England (vaccinated 120,000 people, London Vaccine Institute Report, 1863), in "Terrible Results of Vaccination: Testimonies concerning Vaccination and its Enforcement: by Scientists, Statisticians, Philosophers, Publicists, and Vaccine Physicians", 1892.*

The Common Mechanism Of Injury From Vaccines

"I have taught courses on Brain and Behavior, Neurology, Neuropsychology & Neuropsychiatry at the University of Ottawa (1993 to 2005), and full Courses in Neurbobiology at Atlantic Baptist University, Moncton, Canada.

My clinical training during the PhD was in Clinical Neuropsychology at the Baycrest Hospital, Rotman Research Institute, University of Toronto, and the Credit Valley Hospital, Ottawa Health Sciences Center memory Disorders Clinic.

My PhD Thesis was in Functional Brain Imaging & Neuro-Electrophysiology, University of Toronto.

I completed a Medical Degree at the McMaster University in Hamilton, Ontario.

During the PhD my extra-curricular training was in Behavioral Neurology and Clinical Neuropsychology.

My clerkship electives training during medical school was in Clinical Neurology.

My residency training was in Psychiatry ; Neuropsychiatry.

I received the licentiate of the Medical Counsel of Canada (2006), having passed the core knowledge (LMCC 1) and clinical skills (LMCC 2) exams consistent with the United States Medical Licensing Exams (USMLE parts 1 and 2).

Through my extensive research and my work throughout the years, I have discovered that Vaccinations Are Causing Impaired Blood Flow (Ischaemia) to brain and body from clinically Silent to Death.

These are Strokes – across the board for all of us.

I have reason to believe that all are being affected and All Vaccinations Are Causing the Overwhelming Rise in:

1. Autism
2. Learning Disabilities
3. Attention Deficit Disorders
4. Sudden Infant Death
5. Gulf War Syndrome
6. Dementia
7. Seizure Disorders
8. Some Cancers it would appear
9. And much more.

The Brain and Nervous System is wired in a very specific format. Functions are localized to specific areas.

Having studied brain and behavior, neurosciences, clinical neuropsychology, child neurodevelopment, functional brain imaging, clinical neurology, clinical neuropsychiatry, clinical medicine, immunology, hematology, tests and measurement, and understanding the tools and assumptions and techniques of mainstream medicine, I fell in the unique position of having being able to see clinical medicine problems, from a multitude of simultaneous areas of expertise and scientific knowledge.

Relative to the human brain, I understood "rules and laws" of brain function relative to brain damage and the mechanisms of medical physiology that can uniquely cause unique patterns of brain damage in ways that my clinical skills could detect, that mainstream neuroimaging cannot. I was seeing, Autistic patients, coming out of medical school – they had a trans-cortical motor aphasia, isolation of speech syndrome, and very specific cranial nerve palsies that could only be accounted for by Ischaemic Stroke. Remarkably, my studies of schizophrenia, dementia, and research exposure to neuroimaging modalities and brain and behavioral assessments before medical school contributed to my ability to "see" what has been in front of our eyes all along ; Ischaemic Strokes & Brain Damages; From Vaccinations.

The problem has been we neither knew how to measure, when to measure or what to measure, let alone what the limitations were, of the tools we have been using to measure brain integrity, in health, disease and disorder.

It has taken the past several years to decipher how Ischaemic Brain Damages were happening in the Autism we were seeing and the many other Neurodevelopmental Disorders.

I now believe I have the answers for this, or so it appears and some solutions. Brain Damages as All Other Vaccines are. Indeed, Guillian Barre Syndrome and a host of other Neurological Disorders is being caused by a Common Mechanism of Injury; albeit from different triggers for different individuals.

This is Ischaemia; from impaired blood flow in microcirculation units.

We simply did not appreciate what was right before our eyes. My first cases included several Autistic and Schizophrenic patients. They were showing the exact same acute onset palsies; paralysis.

These Brain Damages were subtle; but measurable multiple, and were present in the Pre-Vaccine era, and infantile paralysis.

Once I was armed with the knowledge and skills of a medical doctor, a clinical neuropsychologist, a child neurodevelopmentalist, with research experience in neuroimaging, tests and measurement, scientific method design and analysis, functional localization of brain and behavioural disorders, and a broad base across several other scientific disciplines.

Quite literally, I believe I have found and discovered a common mechanism towards acquired human disease and disorder.

I am now able to assess in the here and now, or looking back 50 years ago, to answer questions as to cause, in disease, Neurodevelopment Disorders, and much more.

Remarkably, we can now advance diagnose Sudden Infant Death Syndrome, and I can answer questions relative to:

1. Was this a Shaken Baby?
2. Did Vaccines Cause this person to have Autism?
3. Was this Death Caused by Gardasil?
4. Did Vaccines Cause these damages?

Since the Mechanism to Damages Is Common Across All; When Vaccines Are Involved. Germs simply are not the only root cause of death, disease and disorder. I have conclusively shown that All Vaccines, from infancy to geriatric, are causing the exact same brain damages irrespective of what disease or disorder comes out.

The damages are specific to end vascular "mini strokes" that are beneath the resolution of our neuroimaging, but measurable in a before/after Vaccination protocol.

The explanation of Epidemic is simple, we are now seeing:

- 1 in 6 Children with specific Learning Disabilities.
- 12-15% Children with Attention Deficit Disorder.
- 1 in 87 with Autism Spectrum – a 1,700% increase over 10 years.
- 1% Sudden Infant Death.
40 Deaths and 15,000 substantive adverse Gardasil reactions.
- 1 in 15 over 65 with Dementia; 1 in 8 over 85.
- Chronic Fatigue Syndrome.
- Fibromyalgia.
- Seizure Disorders.
- "West" syndrome.
- Global Developmental Delay.
- 1 in 450 with type 1 Diabetes.
- 1 in 2 men, and 1 in 3 women will develop Cancer over a lifetime.
- Gulf War Syndrome affecting and disabling 250,000 troops and 42,000 Deaths. These Vaccinated soldiers show the exact same Neurological Damages After Vaccination, as the Infants and Children are exhibiting after each Childhood Vaccination.

These Are Strokes (Oxygen demand exceeding oxygen supply) conclusively!

This is just the tip of the iceberg.

These microscopic strokes are happening to the brain and body in immediate and delayed, waxing and waning, acute and chronic ways.

This is receiving a plethora of clinical labels.

In basic physiology, the base cause is common across the board.

There is no such thing as an acquired genetic epidemic.

The epidemic is an acquired phenomenon, from environmental factors, for which I can now conclusively show: Vaccinations Are The Mass Culprit For Most Of This.

Paediatric Neurologists, are stunned by it.

The Pharmaceutical Industry, and the Medical Trade deny it.

Vaccines are not addressing the common cause of disease and disorder in human physiology.

It is not the germs causing Disease and death and chronic illness, it is the bodies common, generic, non-specific immune response and electrostatic instability of blood flow that is causing disease, and many states of autoimmunity, including multiple sclerosis, and much much more.

We do not need to Vaccinate for all the pathogens on earth, since all pathogens are inducing disease and death and disability via a singular common set of mechanism.

It is these mechanism that need to be addressed on an as needed basis. This is now doable it always was.

Louis Pasteur's Germ Theory was just that, a Theory.

His contemporaries, Dr Antoine Bechamp and Dr Rudolph Virchow were closer to the truth as to the cause of disease.

Remarkably, this means that much of what we are doing in western medicine is wrong, we have been practicing medicine in a state of confusing cause and effect and causing more harm, globally, than good; for over 200 years!

Reactions are occurring for us all, within several minutes.

This is a function of 2 things:

1. Non-specific immune hyperstimulation (a process involved in all immune hypersensitivity states, which I have called "Anoxia Spectrum Syndromes");

2. An electrostatic instability of blood flow that impairs fluid dynamics and oxygen/nutrient delivery throughout the bodies 60,000 miles of end capillary blood vessel units which are required for life, healing, cellular function, wellness, and health.

The microscopic blood flow and vessels are being damaged, immediately and delayed, waxing and waning, acute on chronic, clinically silent to apparent. One part involves phase changes in blood flow from "fluid" to gel, and back again. This is "sludging" of blood flow."

"Sludged" blood cannot traverse capillary units designed to allow red blood cells, which carry oxygen, through the capillaries, in single file. In physics, Force equals Acceleration times Anoxia Spectrum Syndromes.

This is known as Sir Isaac Newton's "Big G" (for Gravity).

As you increase Anoxia Spectrum Syndromes (as in sludged blood and agglomeration of other particles suspended in blood flow, including heavy metals and amino acids), without a net increase in force, then there is deceleration and no forward flow.

The brain (and other organ systems) do not have blood flow receptors. There are only blood pressure receptors.

Accordingly, when flow is diminished, there are no signals to the body that something is wrong when pressure remains adequate.

This all plays out at the microscopic level, sometimes at the angstrom level, we have no microscopes to see this live within the human body.

When an infant dies of "Sudden Infant Death" or "no cause of death" After Vaccination, the actual cause of death is impaired blood flow, in this case to the microscopic, watershed, end-capillary vessels in the brain stem controlling the central drive for respiration.

The impaired blood flow has to be bilateral.

This causes a cessation of breathing.

Cardio respiratory arrest ensues in a perfectly healthy human.

Coroners will not find cause of death as the cause of death "no microscopic capillary blood flow", in life is also present for us all in death, no blood flow.

Adverse Events happen so far removed from Vaccination as the damages are additive, on-going, and susceptible to other non-specific immune hyper stimulating events beyond simply Vaccinations.

The ischaemic state can wax and wane.

Auto antibodies can be formed against tissue that is now poorly perfused.

The viscosity of the blood can fluctuate and vascular areas damaged from previous Vaccinations are now uniquely susceptible.

However, the common mechanism of delayed pathology is almost always related to immunological tolerance, lost, impaired colloidal stability of blood flow, and loss of the carrying and dispersion capacity of blood flow.

"The life of the flesh is truly in the blood" this is Electrostatics.

There is no such thing as alternating or direct current in nature.

It is all Electrostatic.

In terms of formed elements in the blood, this is in the form of minute static charges in the realm of 100 thousandths of a volt that maintains blood flow as dispersed, spiral, fluid, with low bulk stress or agglomerated, laminar, "sludged" with high bulk stress.

The laws that govern blood flow in the human body are the same laws that govern movement in our universe.

These are electrical and chemical forces.

Cause is never to be found in chemistry.

Chemical changes is an effect.

Cause is found in electrical forces, that are a part of all substances that have Mass.

Western medicine ignores the electrical nature of the human physiology, largely due to a lack of understanding, and an inability to profit off of basic facets of nature freely available to us all, electricity, electrostatics, and water – of all things.

The body is 75% water by weight.

Blood is 95% water.

This water has an electrical component as much as all mass and matter in our universe has an electrical component.

This electrical component is critical to blood flow, blood carrying capacity, healing, and functions at the cellular level.

It is no longer an opinion as I now have conclusive evidence to show that All Vaccines are causing the exact same damages for us all:

1. Paralysis.
2. Respiratory failure ("Iron lung").
3. Death.
4. Bleeding into the Brain.
5. And more.

It is the Act of Repeat Vaccinations, properly spaced apart that is creating one part of the problem. It is the Aluminum that is creating a second part of the problem.

All other foreign substances in Vaccines are creating a third part of the problem, like adding fuel to a fire.

One does not need to be directly Vaccinated to be Vaccine Injured.

Vaccines are not the only trigger that adds up to the problem.

Sometimes, when the mother is immune tolerant to a specific antigenic determinant, Vaccination to the mother will induce the "Anoxia Spectrum Syndromes" Ischaemic

Damages to the infant via breast feeding in the same manner that Vaccination does, and Cause Autism (Ischaemic Strokes).

Sometimes this will Cause "Mobius syndrome" in the prenatal life, 48% of these Children have Autism.

Autism is the "beast" in pathophysiology (Anoxia Spectrum Syndromes Ischaemia) albeit the triggering sequence differs as a function of immunological.

Electrostatic, and timing of Damages in Neurodevelopment.

The Damages acquired are additive and summative with each Vaccine.

By example, I have now demonstrated that the teen girls that are having Severe Adverse Effects from Gardasil, including Death, are actually experiencing a completion of the additive Neurovascular Damages that were adding up with Each childhood Vaccine.

These Damages are also an additive for the infants and children in the same manner.

These are all Ischaemic Strokes.

There is a "breaking point", if this point is reached, in frequency, duration, or severity, in the toddler years, neuropdevelopmental disorders emerge.

If it happens in a teen or adult, a different set of symptoms will emerge.

The process is akin to a fast or slow "strangulation" of tissue by impaired fluid dynamics and microvascular circulation, integrity, and repair.

Aluminium, Mercury, squalene and other contaminants that have added to the Vaccines, are equivalent to bacteria relative to Causing Damages to Human Tissue.

They are foreign substances in human physiology that induce electrostatic and immunological responses, both of which derails blood flow, as well as can lead to Direct Tissue Damages in their own right.

Importantly, the Vaccines are Causing the exact same Pathological Sequence, and did to Cause Paralysis and Respiratory Failure.

This is the same mechanism by which:

1. Thalidomide Caused Babies to be born with no arms and legs.
2. Vioxx Caused Heart Attack and Stroke.
3. Cholesterol lowering drugs are Causing Myalgia and Mysositis.
4. Swine Flu Vaccine Caused Paralysis.
5. Hep A/ Hep B Vaccines Are Causing Multiple Sclerosis.
6. A series of Anthrax Vaccines Causes female vets to give birth to infants with no arms or legs 18 months After Vaccination.
7. All Vaccines Are Causing Autism spectrum and learning disabilities Sudden Infant Death Syndrome, and Attention Deficit Hyperactivity Disorder.
8. Repeat Flu Vaccines are Causing Dementia.
9. Vaccination induces Guillian Barre Syndrome (these are end vascular Strokes, to descending motor tracts in the brain, Brain Damage!

The solution is the control of the electrostatic stability of blood flow and fluid dynamics in addition to controlling the non-specific, generic, immune response sequence, which I now know, and I have called "Anoxia Spectrum Syndromes."

Remarkably, Anoxia Spectrum Syndromes and electrostatics contain the answers to pathology prevention as well as to key aspects towards recovery for those harmed – brain and body, across the "Anoxia Spectrum Syndromes" spectrum.

This is genocidal.

Those that will be harmed, will be those that have received the most Vaccines, since The Damages Are Additive From Each Vaccination.

The younger generations will be hardest hit, immediately and delayed. We are about to inject Anoxia Spectrum Syndromes Vaccinations, creating Anoxia Spectrum Syndromes Disorders, on mass scales.

This will be brain and body damages for all.

The laws have already been passed that support these very acts.

Indeed, in the event of a civil uprising, the laws have been changed in North America such that the American military can come into Canada to quell civil up-risings.

Once martial law is called, or a "Global Pandemic" is called, the individual citizen no longer has any rights, they must receive the Vaccinations, else be deemed a threat to National Security, and Public Health." - Dr Andrew Moulden MD, in "What You Were Never Told About Vaccines", 21 July 2009.

Note: See page 940 for a fuller exposition on this topic.

Vaccine Life-Threatening Allergic Reactions

"The US Institute of Medicine reviewed data on certain possible Vaccine Adverse Reactions.

The Evidence Established Causal Relationships For:

1. Anaphylaxis (Severe, Life-Threatening Allergic Reaction); with DTP, DT/Td/T, MMR & Hepatitis B Vaccines;

2. Death; from a Vaccine-Strain Infection (largely in immunocompromised individuals) with Measles and Polio Vaccines;

3. Poliomyelitis in a contact of the recipient with oral Polio Vaccine;

4. DTP Vaccine; & Protracted, Inconsolable Crying;

5. MMR Vaccine; & Thrombocytopenia (abnormally low levels of platelets);

6. Rubella Vaccine; & Acute Arthritis." - in "Vaccine Adverse Reactions: Separating Fact from Speculation", New Zealand Medicine and Medical Devices Safety Authority, December 1998.

*"**On 11 September 2015, petitioners, Maryellen and Nicholas Kottenstette, filed a petition under the National Childhood Vaccine Injury Act**, 42 U.S.C. § 300aa-10-34 (2012), **alleging that their minor daughter, C.K., suffered an Encephalopathy following several Vaccinations** administered on 2 October 2012. Petitioners alleged C.K.'s Encephalopathy represented a Table Injury following her DTaP Vaccination or, alternatively, that it was caused-in-fact by her DTaP Vaccination.*

*However, they later pursued this case on the basis that **C.K. experienced Infantile Spasms caused-in-fact by her 2 October 2012 Vaccinations, including most notably her DTaP Vaccination."** - in "Kottenstette, Versus, Secretary of Health and Human Services", United States Court of Federal Claims, No.15-1016V, 2 June 2020.*

Do Vaccines Cause Epilepsy

"There Are Multiple On-Table Injuries Attributable To Vaccines that are Well Founded by Medical and Scientific Research." *- in "Do Vaccines Cause Epilepsy? Review of Cases in the National Vaccine Injury Compensation Program", Epilepsia, 2023.*

The Relationship Between Pertussis Vaccine & Encephalopathy

"Encephalopathy a disease in which the functioning of the brain is affected by some agent or condition (such as toxins in the blood)." *- in "Oxford Languages", Oxford University Press, 2024.*

"Professor Behan, had no doubt but that Encephalopathy and Encephalomyelitis occur after Vaccination; that the plaintiff was par excellence a case of post-Pertussis Vaccinal Encephalopathy; that no other disease could explain his condition; that pertussis Encephalopathy is a cause of Infantile Spasm, and that Infantile Spasms are a symptom of Brain Damage.

Professor Ehrengut had no doubt but that Post-Pertussis Vaccinal Encephalopathy exists and gave strong reasons to support his view.

D.T.P. Vaccine Can Cause Infantile Spasm

He was convinced that D.T.P. Vaccine can cause Infantile Spasm, and stated that:

"If the cause of an Infantile Spasm is the Vaccination you describe the condition as Post-Pertussis Vaccinal Encephalopathy, and that if you exclude the cause there is no difference between Infantile Spasm, and Post-Pertussis Vaccinal Encephalopathy."

He further stated that the plaintiff was suffering from Post-Pertussis Vaccinal Encephalopathy, and that the Damage Was Caused by the First Injection." - in "Best v. Wellcome Foundation Ltd.", The Irish Reports, Incorporated Council of Law Reporting for Ireland, 1993.

Encephalopathy After Vaccination

"In Scott's case, where the 1st Neurological Symptoms of his Encephalopathic Reaction occurred "The morning after his 3rd Shot", but the Infantile Spasm Manifestations of that "Encepalopathy did not appear until after the 7th day, his situation would in our view still fall within the Vaccine Injury table.

In this connection, note the broad definition of "Encephalopathy" in section 2164 (9) of the bill, and the findings of the National Childhood Encepalopathy Study which strongly suggest that Infantile Spasms appearing more than 1 week or 2 after the Pertussis Shot may represent an Encephalopathic Reaction to the Shot.

The important point for the purpose of the proper interpretation, and implementation of the Vaccine Injury table in section 2105 (a) (1) is not when the Infantile Spasms occur, or even when the Encephalopathy (of which they are an overt sign) occurs; the important point is when "the first symptom of onset" of the Encephalopathy Occurs in Relation to the Shot." - in "National Childhood Vaccine Injury Compensation Act of 1985", US Congress, Senate Committee on Labor and Human Resources, 1985.

Best Versus Wellcome Foundation Ltd

"The Plaintiff in this case, Kenneth James Best, is now aged 21 years and suffers from Gross Mental Retardation and Epilepsy.

He is, in the words of Dr Ronald Gabriel: **"profoundly mentally retarded. He is non-socialised which means he has little in the way of social skills" and requires complete and total care from his mother and father.**

He was born on the 30 April 1969 at the District Hospital in Youghal in the County of Cork after an **uneventful pregnancy and delivery.**

From an early age he showed signs of eczema in the joints of his arms and elbows, at the back of his knees and on his face.

On the 17 September 1969 (5 month old) he received his first immunisation (Vaccine) against Diphteria/Whooping Cough and Tetanus.

He received a 2nd injection on 15 October 1969, and the 3rd injection on 19 November 1969.

By letter dated the 9 January 1970, he was referred to Dr Barry at St. Finbar's Hospital.

On the 18 February 1970, he was seen by Professor Gerard Cussen.

Professor Cussen directed that certain investigations be carried out; these related to blood calcium, E.E.G., skull X-ray and urine chromotography.

The E.E.G. was abnormal showing epileptic features which were most marked on the left side.

Dr O'Keeffe, recommending that Kenneth be treated with a elixir phenobarb to control the seizures which he was having.

Dr. O'Keeffe gave a prescription in accordance with the directions of Professor Cussen.

Subsequently, Kenneth was seen by the District Nurse who thought he was suffering from deafness.

Dr O'Donoghue saw him on 23 September 1970 and arranged for him to be admitted for tests on the following

day. **Following these tests, Dr O'Donoghue formed the opinion that Kenneth had Infantile Spasms, presenting as Myoclonic Epilepsy with an abnormal E.E.G. and a clinical pattern of fits.**

He was seen by Dr O'Donoghue on 30 April 1971 Dr O'Donoghue on 30 April 1971 Dr. O'Donoghue stated:

> ***"I think he is pursuing the recognised course of infantile hypsarrhymia.*** *Though one can use various medications to help control his myoclonic episodes which is sometimes resistent to treatment,* ***there is nothing one can do about the inevitable retardation that accompanies this condition. As he is having up to 10 attacks a day in addition to his pyridoxine and diazepam, I think it would be worth trying him on phenytoin phenobarbitone.***
> ***I have told the mother that these Myoclonic Episodes will eventually cease but they may well be replaced by major convulsions*** *which would be far less fewer in number by.*
> ***I explained that the child would be mentally handicapped****, his developmental quotient amount being approximately 50."*

On 30 April 1971, Kenneth's mother learned for the first time that Kenneth was mentally retarded and would continue to be so.

On 5 May 1978 she on behalf of the then infant issued proceedings against Wellcome (Ireland) Limited, Maurice O'Keeffe and the Southern Health Board claiming damages against these Defendants.

By order dated 10 April 1986, it was ordered that Wellcome Foundation Limited be substituted as first-named Defendant in lieu of Wellcome (Ireland) Limited and that the Minister for Health, Ireland and the Attorney General be joined as Defendants in the proceedings already instituted.

In these proceedings, the Plaintiff alleges that **his condition was caused by the pertussis vaccine contained in the injection which he received on 17 September 1969** and

that the Defendants and each of them were negligent in the manner set out in a letter dated 17 February 1989.

The Defendants and each of them have denied that the Plaintiff's condition was caused by the pertussis vaccine which was contained in the injection which he received on 17September 1969 and that they were guilty of the negligence alleged against them or any negligence.

It is quite clear from a consideration of the pleadings herein, the oral testimony which I heard over a period of approximately 32 days, the documents and articles referred to in the course of such testimony and the submissions of Counsel for the parties at the conclusion thereof that a number of very important issues have been raised in these proceedings; issues in respect of which opinion in the medical profession has been sharply divided and opinions have changed as further studies have shed light upon the problem and issues involving the constitutional rights of the Plaintiff and the alleged failure to defend and indicate these rights.

An Encephalopathy is Any Disease of the Brain.

There is no doubt but that the onset of Serious Neurological Disease which in some cases has led to Brain Damage, and Death has occurred in close temporary relationship to Vaccination against Pertussis." - in "Judgment of the President of the High Court", delivered on the 11th day of January 1991.

Epilepsy, Autism & Cerebral Palsy Developing After

"Epilepsy can be caused by Vaccination as a leading symptom of Vaccine-induced Encephalopathy and Febrile Seizures can also occur as a result of Vaccine-induced fever. The live Vaccines and the Vaccines prepared from infective neural tissue are perhaps the Vaccines that carry the greatest risk.

The cellular Vaccines, and also Vaccines with high levels of Endotoxin, are said to be generally less safe than the acellular Vaccines although evidence on these points is

weak especially where seizures are a rare side effect, largely because of the absence of sufficiently powered comparisons.

The risks also probably vary according to manufacturer and to the quantity and type of Adjuvant which further complicates assessment.

Case reports exist of Epilepsy, Autism, and Cerebral Palsy Developing After Measles, Mumps, Rubella (MMR), and Measles Vaccines." - in "Chapter 56, Vaccination and Immunization, Section 3 - Symptomatic Epilepsy",The Causes of Epilepsy, March 2012.

The Cause of Autism Anywhere but within the Lucrative Vaccine Program

"There are more than 100 Vaccines in development, and No Tests for cumulative effect or Vaccine interaction of all 36 Vaccines in the current schedule have ever been done.

In this growing crisis, we cannot afford to blindly trumpet the agenda of the CDC, the American Academy of Pediatrics (AAP) or Vaccine Makers.

Now more than ever, we must resist the urge to close this book before it's been written.

The Anecdotal Evidence of Millions of parents who've seen their totally normal kids regress into Sickness and Mental Isolation after a trip to the Pediatrician's Office must be seriously considered.

The legitimate concern they and many in the scientific community have that environmental **toxins, including those found in Vaccines, may be causing Autism and other Disorders (Aspergers, ADD, ADHD), cannot be dissuaded by a show of sympathy and a friendly invitation to look for the "real" cause of Autism anywhere but within the Lucrative Vaccine Program.**

With Vaccines being the fastest growing division of the Pharmaceutical Industry, isn't it possible that profits may play a part in the decision-making?

That the Vaccine program is becoming more of a profit engine than a means of prevention?

In a world left reeling from the catastrophic effects of greed, mismanagement and corporate insensitivity, is it so absurd for us to wonder why American children are being given twice as many Vaccines on average, compared to the top 30 first world countries?

Paul Offit, the Vaccine Advocate and Profiteer, who helped invent a Rotavirus Vaccine is said to have paved the way for his own Multi-Million Dollar windfall while serving on the very council that eventually voted his Rotavirus Vaccine onto our children's schedule.

On 21 August 2000 a Congressional investigation's report titled, "Conflicts in Vaccine Policy", stated:

> ***"It has become clear over the course of this investigation that the VRBPAC and the ACIP [the 2 main advisory boards that determine the Vaccine schedule] are dominated by individuals with close working relationships with the Vaccine Producers. This was never the intent of the Federal Advisory Committee Act, which requires that a diversity of views be represented on advisory committees."***

Isn't that enough to raise questions about the process of choosing the Vaccine schedule?

how can anyone in the media or Medical profession, boldly demand that all parents march out and give their kids 36 of these shots, 6 at a time in dosage levels equal to that given a 200 pound man?

This is a bias of the most dangerous kind." - Jim Carrey, in "The Judgment on Vaccines Is In", The Huffington Post, 22 April 2009.

"Vaccination is a practice that causes a vast amount of disease and suffering. Its effects are far more terrible than the disease it is designed to prevent. No matter how pure the Vaccine matter may appear to be, virus (poison) is left in the system, which will, sooner or later, be developed in scrofula or some other filthy disease. Were I to relate a few of the cases that have fallen under my observation of persons injured by this practice (Vaccination), it would fill the mind with horror." *- Dr J. R. Newton, MD, Boston, Massachusetts, in "Medical Opinion on Vaccination," Journal of Hygeio-therapy, February 1888.*

"From experience I have seen more evils result from Vaccination than I ever saw result from small-pox.
In the first place, I have seen direct fatal results from Vaccination. In the second place, I have seen chronic-incurably chronic-disease the result of Vaccination, and death after the lapse of many years; and, in the third place, I have seen introduced into the system, through vaccination, diseases of a destructive character, especially syphilis.
I was vaccinated when a boy, and a few years afterwards I took small-pox. I Vaccinated my first four children.
One of them died certainly from Vaccination, and another was never strong after he was vaccinated. I would rather be shot than have anyone of my family Vaccinated." *- Dr John Le Gay Brereton, MD, Member of the Royal College of Surgeons, in "New South Wales, Compulsory Vaccination, Presented to the Parliament by Command", Sidney, Australia, 20 September 1881.*

Whooping Cough In 86% Children Fully Vaccinated; And Up To Date Whooping Cough Vaccine

"To estimate the proportion of school age children with a Persistent Cough who have evidence of a recent Bordetella pertussis infection.

Prospective cohort study (October 2001 to March 2005), General practices in Oxfordshire, England.

Participants: 172 children aged 5-16 years who presented to their general practitioner with a cough lasting 14 days or more who consented to have a blood test.

Results: 64 children had serological evidence of a recent Bordetella pertussis infection; 55 (85.9%) of these children had been Fully Immunised.

At presentation, children with Whooping Cough were more likely than others to have Whooping, Vomiting, and Sputum production.

Children with Whooping Cough were also more likely to still be coughing 2 months after the start of their illness, continue to have more than 5 coughing episodes a day." - in "Whooping cough in school age children with persistent cough: prospective cohort study in primary care", BMJ, 7 July 2006.

Non Existent Benefits And Well Documented Side Effects of Childhood Vaccines

"1. Numerous clinical trials of individual Vaccines (HPV Vaccine) show that Vaccines cause many of the same disorders (myriad of autoimmune conditions), that have increased in parallel to the number of doses of the Vaccine one receives (the second shot is almost always more likely to cause a severe reaction than the first).

This in turn suggests that taking a large number of Vaccines (the ever increasing CDC schedule gives children 90 Vaccines, before they turn 18), and put them at risk for developing Chronic Disease.

There are numerous cases reports of children becoming Permanently Disabled after receiving a higher than normal number of Vaccines simultaneously, and conversely, many have observed spacing Vaccines out rather than giving them all together lowers the likelihood of a severe reactions (Autism) from Vaccination.

2. Despite relentless attempts to keep them from emerging, there are numerous retrospective studies of large medical datasets which **each show Vaccination results in a significantly increased incidence of Chronic Disease results from Vaccination** (recent study of 99 Million people showed the Covid Vaccines were 2-7 times more likely than a typical Vaccine to cause a variety of life-threatening illnesses).

3. Established mechanisms exist to explain how many different Vaccines could all cause similar injuries to their recipients.

4. Numerous independently conducted studies attempting to assess this question **have all found childhood Vaccination increases the rates of Chronic Illness.**

5. I periodically learn of medical practices, that have low rates of Vaccination and also have much lower rates of chronic illness in their patients.

6. Many colleagues and **I frequently observe what we believe to be the harms of Vaccination in our patients.**

I personally know many trained observers who can have a high degree of accuracy in identifying unvaccinated children.

Vaccine Injury Datasets

There is effectively an embargo on publishing any research critical of Vaccinations (no one will give you permission to conduct a trial where some don't Vaccinate because "denying children life-saving Vaccines is unethical", no one will give you data that already exists, and no one will ever publish a study that is critical of Vaccination). Nonetheless, people find ways to get around this embargo.

Dr Paul Thomas MD, Oregon pediatrician who had a practice with a large number of unvaccinated or under-vaccinated children, and (like many of the other practices with similar patient populations) **noticed that the Unvaccinated children had dramatically Better Health.**

So, he decided to compare their medical records to those of variably Vaccinated children and published the data in a study (which cost him his medical license and resulted in the study being retracted for spurious reasons).

Minimal Brain Damage

The 1985 Book, "DPT: A Shot in the Dark", is arguably the most influential book ever written for the Vaccine safety movement (it was responsible for rallying Congress to do something about the Epidemic of Sudden Deaths and Brain Damage being created by the DPT Vaccine).

What is less known is that in 1990, one of its authors, Harris Coulter, then published a book that alleged that Vaccines were responsible for the widespread increase in crime sweeping the nation. In the book he argued that:

1. Many of the same complications seen after Encephalitis (cranial nerve issues, seizures, paralysis, or permanent intellectual disability), also occurred after Vaccination. He proved this by compiling extensive literature reports of each, which showed they overlapped and in many cases, showed the vaccine injuries were assessed to be "Encephalitis."

This included over 400 references from the scientific literature (located prior to the internet existing), another 400 to 500 he reviewed (which arrived at similar conclusions), interviews of approximately 150 families, where in many cases, **he was able to show these childhood brain injuries progressed into a life of crime.**

"I believe "Encephalitis" (or Encephalopathy) is a combination of Brain Inflammation (autoimmunity is a common complication of Vaccination), Brain Swelling, Microstrokes throughout the brain and an unresolved cell danger response. Additionally, if you read the medical literature from roughly a century ago (summarized by Sir Graham Wilson, MD, Lecturer in the Department of Bacteriology at the London School of Hygiene and Tropical Medicine, Formerly Director of the Public Health Laboratory Service, England and Wales, in **"The Hazards of Immunization", 1967), its clear many doctors believed Vaccines caused Encephalitis based on the symptoms they observed (and in many cases the autopsies they later performed).**

2. If **the DPT Vaccine can cause "Acute Encephalopathy"** in a small number of cases (which was acknowledged by the Institute of Medicine in 1991, in "Adverse Effects of Pertussis and Rubella Vaccines; A Report of the Committee to Review the Adverse Consequences of Pertussis and Rubella Vaccines"). Coulter cited many different authors who

observed a bell curve in post-encephalitis complications.

3. That it was very easy to miss that this was happening.

For example, Coulter cited 2 different authorities on this subject who said:

"Researchers in the epidemiology of Vaccine Damage invariably assume that long-term sequelae will not occur in the absence of a severe acute reaction. This assumption was accepted by us in writing "DPT: A Shot in the Dark." Thus it was puzzling to find that about half of the new families interviewed for the present investigation could not remember any marked Vaccine reaction, even though the child began to develop symptoms of Autism or other severe neurology shortly after one of the shots."

4. Many of complications of Encephalitis (e.g., a myriad of Learning Disabilities or Psychiatric and Neurologic Illnesses such as Autism) became dramatically more common in our society starting in the 1940s and 1950s, a rise which paralleled increased Vaccinations and increased Vaccine injuries (predominantly as a result of DPT) and could be directly observed rippling through society as these children grew up. For example:

"Rimland and Larson have called attention to "the striking, almost mirror-image correlation, starting about 1963, between the curves showing the decline in SAT scores and the upsurge in violent crime [which was often psychotic in nature]", suggesting "the existence of one or more common causal factors." The contrast between then and now was emphasized in a 1987 report on school discipline by the New Jersey Human Rights Commissioner. In the 1940s the most frequent school problems were: talking, chewing gum, making noise, running in the halls, getting out of turn in line, wearing improper clothing, and not putting paper in wastebaskets. In the 1980s they were: drug and alcohol abuse, rape, robbery, assault, burglary, arson, bombings, murder, absenteeism, vandalism, extortion, gang warfare, abortion, and venereal disease.

The murder rate doubled between 1960 and 1980, from 4 to 8 per 100,000 inhabitants, for a total of more than 20,000 in

1987, giving the United States the highest incidence of homicide of any industrialized country.

The largest increase occurred between 1960 and 1970.

A 1987 Washington Post-ABC News poll made a curious discovery—that 16% of Americans under 30 are left- handed or ambidexterous [this is a common consequence of Encephalitis], as against only 12% of those over 60.

Another recent survey found an even greater disparity: 13% of 20 year olds were lefties, compared to 5% of persons in their 50's."

5. Autism (a condition which follows Vaccination and first emerged after DPT entered the market), has a strong association with many of the consequences of Encephalitis (Cognitive Disability and Cranial Nerve Paralysis).

6. That sociopathic behaviour being observed to cluster in families mirrors the observation sensitivity to Vaccine Injuries also clusters in families. Likewise, Coulter suggested the increased sensitivity African Americans have to Vaccine Injuries (best shown through the CDC's infamous decision to bury data that showed **Vaccines caused black boys to develop Autism)** might explain the criminal patterns seen in those demographics (If Vaccines don't cause Autism, then how do you explain All this Evidence?, Steve Kirsch's newsletter, 17 June 2023). In the article (The Hidden Link Between Hypermobility and Vaccine Injury, 14 January 2024), I discussed how some patients (those with hypermobility,) are also much more sensitive to Vaccine Injuries.

7. That a variety of conditions had been created by the American Psychiatric Association which spanned the range from how minor to severe brain damage manifested itself in behavioral disorders (minimal brain damage, oppositional defiance disorder, conduct disorder, sociopathy). **Coulter emphasized that as the DPT Encephalitis condition exploded across America, the psychiatric profession tried again and again to gaslight the population by blaming it**

on unresolved psychological conflicts or poor upbringings rather than providing treatments, holistic doctors had consistently found could help these conditions. As far as I can tell, this psychological gaslighting continued until the newer psychiatric medications (the disastrous antidepressants) entered the market, at which point psychiatric pivoted to mass-prescribing these lucrative products to the post-encephalitic patients. This is a pattern that has persisted ever since Freud's original cases over a century ago which falsely attributed symptoms of mercury poisoning to unresolved sexual issues.

8. In the 1950s, a condition termed "minimal brain damage" [MBD] was coined (with the defining characteristic of it being hyperactivity), which before long became "perhaps the most common, and certainly one of the most time-consuming problems in current pediatric practice". **The symptoms of MBD (as defined by America's Public Health Service and the American Psychiatric Association) have a significant overlap with what was seen after Encephalitis, DPT Injuries, and what was associated with Autism.** "!A British physician in 1928 noted that "changes in morals and character" in patients who have had encephalitis reveal a "curious uniformity." This same "curious uniformity" stamps the Autistic, the minimally brain damaged, and the sociopath. This encephalitis may produce an intellectual, tormented, and cruel monster out of a gentle girl or boy." "A child of previously responsible character may be so transformed as to seem adifferent person...cruel, destructive, abusive, indecent."

9. There was a wide range of consequences of encephalitis. Many of these were subtle and insidiously altered the child's personality, commonly making them hyperactive, hypersexual less empathetic, and generally uncomfortable with their environment. Many of these traits in turn were also seen in violent criminals and disruptive children (who frequently then went on to become violent criminals).

10. Coulter then collected numerous case histories of violent and sociopathic criminals demonstrating that they displayed many of the exact same signs (cranial nerve issues) seen in victims of encephalitis (be it from Vaccination or a natural infection). This included detailed reviews of infamous criminals who precisely fit the post-encephalitic pattern such as Ted Bundy.

11. Coulter also provided numerous statistics and studies which showed violent criminals had dramatically higher rates of brain damage and neurologic dysfunction. Many of the studies he cited (1 of 321 excessively violent individuals showed 90-100% had demonstrable brain dysfunction) found these defects occurred at 5-10 times the rates seen in the general population). The associations shown in the papers Coulter compiled are also supported by modern research and hence are generally accepted. Additionally, newer research made possible by functional MRIs also show that violent or sociopathic criminals often have significant brain damage and lack the normal functions other humans have.

12. Coulter cited numerous statistics showing a small minority of the population committed a majority of the violent crimes that occurred and evidence showing the crimes in the post DPT era were often much more brutal and sociopathic. The traits commonly associated with MBD in turn were as follows:

These were also frequently observed to be consequences of Encephalitis and often clustered together. Additionally, quite a few of these are now known to occur more frequently in violent criminals." - A Midwestern Doctor, in "**How Much Damage Have Vaccines Done to Society?** The data that shows the less appreciated forgotten consequences of Vaccination", The Forgotten Side of Medicine, 14 April 2024.

"There is a great deal of evidence to prove that immunization

of children does more harm than good." *- Dr J. Anthony Morris, former Chief Vaccine officer for the Bureau of Biological Standards at the National Institutes of Health, and later with the Food and Drug Administration (FDA), Chief Vaccine Control Officer, Vaccine specialist who was forced into retirement after public disagreements with superior officers over the efficiency of Federal Vaccine programs and the effectiveness of influenza Vaccines.*

"Dr J. Anthony Morris was Chief Vaccine Officer for the Bureau of Biological Standards at the National Institutes of Health (NIH), and later with the Food and Drug Administration (FDA), when the bureau was transferred to that agency in the 1970s.

He argued that **research carried out by his unit demonstrated that there was no reliable proof that Vaccines were effective in preventing influenza, and he accused the government of basing its mass Vaccine programs for flu primarily on claims made by Pharmaceutical Manufacturers."** - in "Vaccine Specialist J. Anthony Morris dies at 95", The Washington Post, 3 July 2014.

Chapter 2

Vaccines

This chapter contains some articles, published in chapter 12, from the Book "Medicine The Lies, The Greed & The Death", 2021.

"Wisdom Is Essential: And that's what we hope to bring with this Book." *- Dr Didier Raoult, MD in "The Truth About Vaccines", 2018.*

Vaccination And General Enervation

"Functional derangements precede structural changes by months and even years.

Before the 1st World War was over, 95% of the American army had received hospital attention for sickness, other than injury, from 1 to 5 times.

And the boys who did not get over to France died by the thousands from the "flu."

What does this mean?

It means that life as it is lived causes the people generally to be enervated.

And when nerve-energy drops below normal, **the elimination of toxin, a natural product of metabolism is checked, and it is retained in the blood, bringing on Toxaemia, the first, last, and only efficient cause of all so-called diseases.**

It should be obvious to discerning, minds that the amount of toxin in the blood must vary with each individual, and that the degree of resistance also must vary with each individual.

An amount would cause a Toxemic Crisis in one would apparently have no effect on another.

An enervating cause - the usual immunization - that would scarcely produce a reaction at one time in a given subject might send the same subject to a hospital at another time, or even be fatal instanter.

Active immunization is the alibi or apology of the pro-vaccinators; but it does not change the fact that Vaccines Are Poisons, even if they are "pure," regardless of the iterated and reiterated protests that they are innocent and harmless.

The amount of harm done the army by Vaccination and re-Vaccination will never be known.

No words can describe the harm that immunizing with Vaccines and serums has done and is doing, except wholesale vandalism.

I was browsing in my library a few days ago, and picked up "Facts and Comments."

I turned to "Vaccination", and in it found more worthwhile, constructive thought, in a short essay of less than 3 pages, than can be found in all medical literature on the same subject.

When once you interfere with the order of nature, there is no knowing where the results will end, was the remark made in my presence by a distinguished biologist.

There immediately escaped from him an expression of vexation at his lack of reticence; for he saw the various uses I might make of the admission.

The interference with the order of nature has various sequences other than that counted upon.

Some have been made known.

A Parliamentary Return issued in 1880 (No.392), shows that, comparing the quinquennial periods 1847-1851 and 1874-1878, there was in the latter a diminution in the deaths from all causes of infants under 1 year old of 6,600 per Million births per annum; while the mortality caused by 8 specified diseases, either directly communicable or exacerbated **by the effects of Vaccination, increased from 20,524 to 41,353 per Million births Per Annum — more than double. It is clear that far more were killed by these other diseases than were saved from smallpox.**

There are evidences of a general relative debility.

Measles is a severer disease than it used to be, and deaths from it are very numerous.

Influenza yields proof, 60 years ago, when at long intervals an epidemic occurred, it seized but few, was not severe, and left no serious sequelae; now it is permanently established, affects multitudes in extreme forms, and often leaves damaged constitutions.

The disease is the same, but there is less ability to withstand it.

> ***"When once you interfere with the order of nature, there is no knowing where the results will end."***

Health, good health, is a greater force than bad - than every interference - and can correct every evil effect that is not fatal, if the influence is removed.

Stimulants, continued over a long period, cause a gradual deterioration, and finally, unless the habit is stopped, end fatally.

Toxin is a stimulant and a natural product of metabolism.

When the body is normal, the toxin is removed as fast as generated; but when any enervating habit is practiced beyond the power of recuperation, the toxin accumulates, and Toxaemia is established, which means that the body has lost its protecting power.

Now, **if Vaccine or any infection gains entrance into the blood, "there is no knowing where the effects will end."**

In toxemic subjects, a local infection set up by the virus of sepsis from any source Vaccination, **a badly cared-for injury, a wound that fails to drain, an infected tooth, sinus, etc..., causes a septic fever of a malignant type, which is liable to end in death or in invalidism.**

A system badly enervated and toxemic, has little power to resist; and when the blood is very toxemic, it is very vulnerable to the influence of any infection.

Such cases can be brought back to the normal, but never under conventional treatment.

When toxemic subjects are infected, the infection will

never be eliminated entirely until enervation and Toxaemia are overcome.

Unless patients of this character are put to bed and fasted until elimination is completed, then fed properly, and taught how to eat within their limitations, and unless they are willing to give up all enervating habits, there is no hope of their ever getting well.

Immunization and Auto-immunization

Man's immunization to disease requires a life so well ordered that his nerve-energy is kept at or near normal.

When nerve-energy is prodigally squandered, he is forced into **a state of enervation; then elimination of the waste-products is checked, leaving the waste toxin in the blood, causing Toxaemia self-poisoning, the first, last and only true disease.**

All other poisons are accidental and evanescent, and without Toxaemia can have no entrée to the system.

Poisons may be swallowed, injected or inoculated into the body and poison or even kill; but such an experience is not to be classed as disease, any more than a broken leg or a gunshot wound.

Toxin is a normal, natural product of the system, always present.

Being a constant, it answers every requirement for a universal cause of all so-called diseases.

All the different symptom-complexes, which are given special names, take their names frown the organs involved in the toxin crisis; but they are not individual — they are only symptoms of vicarious elimination.

For example:

1. Tonsilitis
2. Gastritis
3. Bronchitis
4. Pneumonia
5. Colonitis

Are each, and every one Toxemic crises, differing only in location and symptoms.

So-called diseases are just so many different locations where toxin is being eliminated.

All are different manifestations of 1 Disease Toxaemia." - Dr John H. Tilden, MD in "Toxaemia Explained, The True Interpretation Of The Cause Of Disease", 1926.

"The blood also contains white corpuscles, which act in a most marvellous manner.

These white corpuscles are the body guards, the policemen of the blood.

Suppose, for instance, that a bacterium (germ) sneaks into the blood, on mischief bent.

Along comes a white blood corpuscle (phagocyte), wraps himself around the intruder, incorporates the villain in his own (the phagocyte's) body, and starts to digest him.

If we treat ourselves fairly the blood is always able to take care of any kind of infection, with one exception:

If a puncture wound is made and filth is introduced into the body and the wound is then sealed up again; or if filth is rubbed into an abraided surface, then there is apt to be trouble.

If such wounds are freely drained, there will be no trouble.

This explains why serum treatment, and Vaccination, and antitoxin treatment kill many individuals each year, for they are injected into the body, or rubbed into the skin and no drainage furnished; these substances are a form of animal filth - diseased or decayed animal matter.

They have no relationship to health, except that they sometimes destroy it, and sometimes end life.

The blood stream should be kept sweet and pure.

These serums, antitoxins, bacterins, caccins (or whatever the filth is called), make the blood foul, and poison the body." - Dr Rasmus Larssen Alsaker, MD in "Outwitting Old Age", 1926.

Chiropractic views on Vaccination

"Chiropractors are opposed to poisoning any person, *be they sick or well, therefore* ***we are opposed to vaccine virus, and the use of drugs as a curative measure, for they do not fix the wrong that causes the trouble."*** *- Dr B. J. Palmer, DC, in "The Science of Chiropractic: Its Principles and Philosophies", Palmer School of Chiropractic, 1917.*

"The outrageous practice of the MD who injects Vaccine poison into a healthy person, affects nerves, which act on muscles sufficient to displace vertebrae and impinge nerves, causing derangements which we name disease. *Vaccine virus, or other poisons which create diseased conditions, will not permanently affect the patient when a Chiropractor keeps the vertebra in proper position. We have checked the fun of doctors and saved children from being poisoned, by adjusting the vertebra that the pus poison was displacing." - Dr D. D. Palmer, DC in "The Science of Chiropractic", 1906.*

"The idea of poisoning healthy people with vaccine virus, inoculating them with one disease to prevent another, spreading it in a mild form, to protect the victim from a more serious attack, is irrational." *- Dr Bartlett Joshua Palmer, DC, in "The Science of Chiropractic: Its Principles and Philosophies", 1917.*

You Have No Right Not To Be Vaccinated

"You have no right not to be Vaccinated, you have no right not to wear a mask, and if you refuse to be Vaccinated, the State should has the power to take you to a Doctors office, and Plunge a Needle into your Arm." *- Alan Dershowitz, American Law Professor, in interview "Crowd Source The Truth", 18 May 2020.*

Intelligent People Do Not Have Their Children Vaccinated

"Within my long lifetime, its ruthless enforcement throughout Europe ended in 2 of the worst Epidemics of Smallpox in record, our former more dreaded **Typhus and Cholera Epidemics having meanwhile been ended by Sanitation.**

After that failure, the credit of Vaccination was saved for a while by the introduction of isolation, which at once produced improved figures.

At present, intelligent people do not have their children Vaccinated, nor does the law now compel them to.

The result is not, as the Jennerians prophesied, the extermination of the human race by Smallpox; on the contrary more people are now killed by Vaccination than by Smallpox." - George Bernard Shaw, Nobel Prize in Literature 1925, in "Letter", Irish Times, 1944.

Combined Live Measles-Mumps-Rubella (RA 27-3) Virus Vaccine and Live Rubella (RA 27/3) Virus Vaccine

"Study Number: Clinical Protocol – 443

Initiated: 28 October 1975
Completed: 20 January 1977

Table 10: Clinical Complaints Reported Among Children Who Received a 0.5 Ml Dose of Combined Live Measles-Mumps-Rubella (RA 27/3) Virus Vaccine, Lot No. 621/C-D763 (Study 0443).

Total Vaccinated 102 Children
(All vaccine was given subcutaneously in the arm)

Clinical Complaints within 42 day period:

Gastrointestinal Illness: 43%
Upper Respiratory Illness: 64%
Anorexia: 28%

Medical Opinion: **Upper Respiratory and Gastrointestinal Infections were reported in about 55% and 40% of vaccines respectively.** - Dr Robert E. Weibel, MD

- in "Summary No. 1 of Clinical Investigative Studies of Combined Live Measles Virus Vaccine (Moraten Line-ATTENUVAX), Jeryl Lynn Mumps Virus Vaccine (MUMPSVAX), RA 27/3 Rubella Virus Vaccine for Purpose of Support for a License to Manufacture and Sell", Merck Institute for Therapeutic Research, West Point, Pennsylvania, 27 April 1978.

Measles Vaccine And The Central Nervous System

"Measles Vaccine is Associated with Central Nervous System Immune Problems. "Acceptance of Measles Vaccine", The Lancet, 20 August 1997.

The Mumps Vaccine seems probably to be barely effective, if at all, in preventing the disease, and might have increased the attack rate.

There were some reports of Serious Neurological Sequelae associated with the Vaccine.

Rubella Vaccination has developed a similar reputation, "Risk of Chronic Arthropathy Amongst Women After Rubella Vaccination", in JAMA, 20 August 1997.

Tetanus Vaccine (a bacterial illness provoked by the exotoxin of the bacillus), is undoubtedly one of the best examples of an immensely effective vaccine.

Influenza Vaccination, although promoted extensively by the authorities, is probably ineffectual, I base this on 20 years of personal experience as a provider of this Vaccine, and certainly has been associated with nasty Neurologic Complications such as Guillian-Barrè Syndrome." - Dr Thomas Dorman, MD, in "Vaccination", March 1999.

Elevated Levels of Measles Vaccine Antibodies in Children With Autism

"Autoimmunity to the Central Nervous System (CNS), especially to myelin basic protein (MBP), may play a causal role in Autism, a neurodevelopmental disorder.

Because many **Autistic children harbour elevated levels of measles antibodies, we conducted a serological study of Measles-Mumps-Rubella (MMR), and MBP autoantibodies.**

Using serum samples of 125 Autistic children and 92 control children, antibodies were assayed by ELISA or immunoblotting methods.

ELISA analysis showed a significant increase in the level of MMR antibodies in Autistic children.

Immunoblotting analysis revealed the presence of an unusual MMR antibody in 75 of 125 (60%) Autistic sera, but not in control sera.

This antibody specifically detected a protein of 73-75 kD of MMR.

Thus the MMR antibody in Autistic sera detected measles HA protein, which is unique to the measles subunit of the Vaccine.

Over 90% of MMR antibody-positive Autistic sera were also positive for MBP autoantibodies, suggesting a strong association between MMR and CNS autoimmunity in Autism.

There are some **Serious Side Effects that deserve scientific attention.**

For instance, A**septic Meningitis** [Dialyzable lymphocyte extract (DLyE) in infantile onset Autism: A pilot study, Biotherapy, 1996] and cerebeltar ataxia [Gait disturbance interpreted as **cerebellar ataxia after MMR Vaccination** at 15 months of age: A follow up study, Acta Paediatr., 2000] **have been described in children immunized with MMR.**

However, the basis of how Vaccines react adversely in some cases remains virtually unknown.

The MMR Vaccine has been insinuated as a culprit of Gastrointestinal Problems in some children with Autistic characteristics [IleaMymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children, Lancet, 1998].

Approximately one half (50%) of the parents with Autistic children reported Autistic regression after the MMR immunization [Serological association of measles virus and human herpesvirus-6 with brain autoantibodies in Autism, Clin. Immunol. ImmunopathoI., 1998].

Moreover, a **serological association of measles virus with autoimmunity was found in Autistic children** who did not have a wild type measles infection but they did have the **MMR immunization** [Serological association of measles virus and human herpesvirus-6 with brain autoantibodies in Autism, Clin. Immunol. ImmunopathoI., 1998].

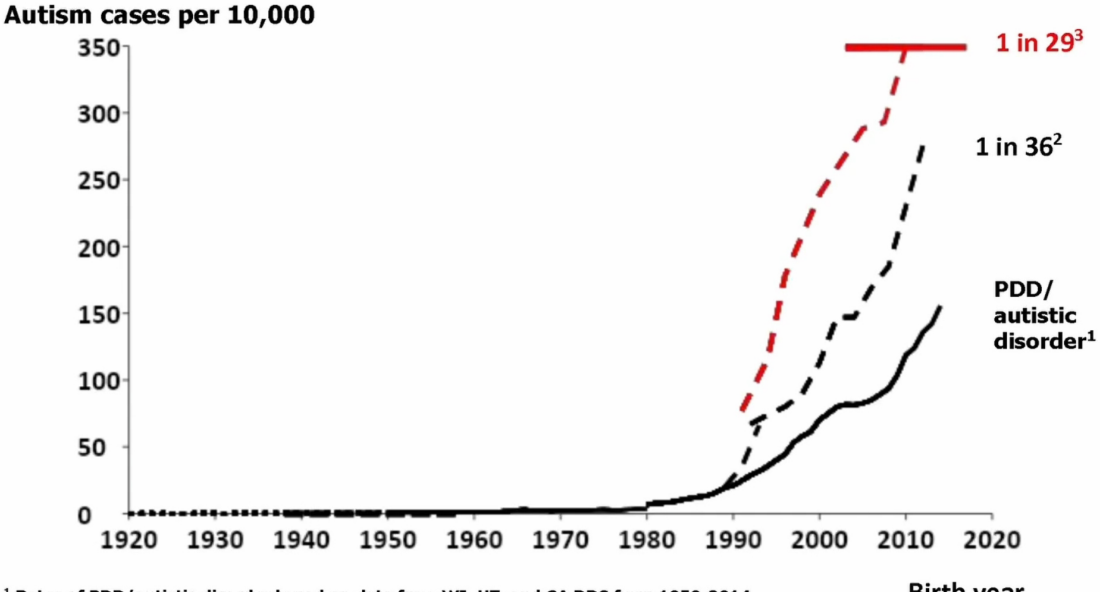
And, as described herein, Autistic children showed a serological correlation between MMR and brain autoimmunity, i.e., over 90% of MMR antibody-positive Autistic sera also had autoantibodies to brain MBP.

This is quite an intriguing observation in favour of a connection between atypical measles infection and Autism.

In light of these new findings, we suggest that a considerable proportion of Autistic cases may result from an atypical measles infection that does not produce a rash but causes neurological symptoms in some children.

Stemming from this evidence, we suggest that an inappropriate antibody response to MMR, specifically the measles component thereof, might be related to pathogenesis of Autism." - in "Abnormal Measles-Mumps-Rubella Antibodies and CNS Autoimmunity in Children with Autism", Journal of Biomedical Science, July-August 2002.

Reported ADDM ASD rates are rising along with the National Survey of Childhood Health (NSCH) ASD rates, which recently exceeded 3%



[1] Rates of PDD/autistic disorder based on data from WI, UT, and CA DDS from 1950-2014
[2] Rates for Autism Spectrum disorder based on surveys of 8 year olds: MN from 1989-93 and CDC ADDM network from 1992-2012.
3. Rates for any Autism Spectrum Disorder diagnosis, annual NSCH/NHIS survey, children aged 8-17, year of birth midpoint cohort age for oldest cohorts. 1 in 29 rate is from Li et al 2022

Aluminum In Vaccines

"Aluminum is used in Vaccines as an Adjuvant. Aluminum Adjuvants are used in Vaccines such as Hepatitis A, Hepatitis B, Diphtheria-tetanus-containing Vaccines, Haemophilus influenzae type b, and Pneumococcal Vaccines, but they are not used in the live, viral Vaccines, such as Measles, Mumps, Rubella, Varicella and Rotavirus." *- in "Vaccine Ingredients – Aluminum", Children's Hospital of Philadelphia, 15 December 2022.*

Aluminum Toxicity From Vaccines

"Aluminum has now been found in the brains of individuals who have died with various diagnoses, including: Epilepsy, Parkinson's Disease, Alzheimer's Diseases, and Autism Spectrum Disorder.

Whole-body Aluminum Toxicity is important because aluminum affects the brain, bones, parathyroid, spleen, kidneys, and the immune system.

Most excretion of aluminum is accomplished by filtration of aluminum from the blood by the glomeruli of the kidney.

Renal function in infants is not fully developed: infants' glomerular filtration rate (GFR) is not fully online at birth and increases from 10 to 20 mL/min/1.73 m2 during the first day of life to 30–40 mL/min/1.73 m2 by 2 weeks of life (Sulemanji and Vakili).

In neonates, the GFR at birth is even worse (Sulemanji and Vakili), and increases more slowly compared to infants.

While the kidney is structurally mature at 36 weeks, the GFR does not reach adult levels until 2 years of age.

Common emergent conditions in the neonatal intensive care unit (NICU) include:

1. Respiratory Distress Syndrome,
2. Seizures,
3. Arrhythmias,
4. Cardiac Arrest.

To maximize efficiency, infants in the NICU are often Vaccinated simultaneously with crash teams on stand-by.

Studies in the 2000's of DTP Vaccines showed an incredible 46 % Cardiac Event rate in infants in the NICU following Vaccination.

Hepatitis B Vaccination studies in the 1990s are not relevant to concerns over aluminum-induced adverse

events because the HepB Vaccine did not contain aluminum oxyhydroxide (although it did contain ethylmercury); however, studies from passive surveillance systems routinely oddly attribute the majority of deaths to coincidence.

A Chinese study found 795 Deaths, with >95 % of them occurring following Hepatitis B Vaccination in children <5 years old, but the majority were attributed to "coincidence".

This is an odd conclusion, given that passive surveillance systems cannot attribute causality.

Of the 795 deaths, 594 (74 %) were classified as 'coincidental' events, but Sudden Infant Death Syndrome (SIDS) was found to be a Main Cause of Death in Infants.

SIDS, a condition of otherwise unknown cause, is not considered an expected adverse event.

The studies from the 1990s in the US similarly attributed, without independent evidence, the majority of serious adverse events from HepB Vaccination to coincidence.

Since passive surveillance systems cannot attribute causality, they also cannot rule out causality, and thus attribution to coincidence seems opportunistic at worst and optimistic at best.

The authors of the Chinese study lauded the 'sensitivity' of their passive surveillance system after ruling out unexpected deaths as 'coincidence'.

In reality, this reflects a serious flaw in the use of passive surveillance systems to monitor Vaccine safety, which routinely under-report adverse events by a factor of 100 misses to each report." - in "Acute exposure and chronic retention of aluminum in three Vaccine schedules and effects of genetic and environmental variation", Journal of Trace Elements in Medicine and Biology, March 2020.

Association Found Between Autism Prevalence & Childhood Vaccination Uptake

"Autism is an urgent and growing public health problem in the United States.

The illness impairs speech, language, social abilities, and behavior.

In 1990, Autism was considered a rare disease (Tebben 1990), but less than 2 decades later Autism affected an estimated 1 in 91 U.S. children (Kogan et al. 2009).

The recent explosion in the prevalence of Autism suggests the existence of one or more environmental triggers (Blaxill 2004).

Could one of those triggers be the battery of Vaccinations given to young children?

Chronic, negative reactions to Vaccinations have been recognized in both humans and animals.

In the late 19th Century, Burnett (1884/1960) described long-term negative effects such as eczema, diarrhea, and fatigue in some individuals who received a series of smallpox Vaccinations.

By the 1990s, veterinarians began to notice that some animals developed chronic ailments such as autoimmune disorders and seizures after being Vaccinated (Smith 1995; Dodds 2001).

In the early 2000s, Vaccines were shown to be linked to autoimmune disorders and, possibly, Autism in humans (Shoenfeld and Aron-Maor 2000).

There are several reasons why Vaccines may trigger Autism.

Certain Vaccines contain thimerosal, a preservative that is almost half mercury (Hg) by weight, which was shown to be associated with adverse effects including Autism.

Nataf et al. (2006) found that children with autism have higher levels of precoproporphyrin, a biomarker for Hg toxicity, than neurotypical children.

This finding was confirmed by Geier and Geier (2007) and Geier et al. (2009) in the United States, Austin and Shandley (2008) in Australia, and Youn et al. (2010) in Korea.

Thimerosal-containing **hepatitis B shots were associated with delayed acquisitions of vital reflexes** in baby macaques (Hewitson et al. 2010).

Although thimerosal was removed from many Vaccines from 2000, it is still present in almost all influenza shots as well as 8 other U.S. Vaccines given to children (Centers for Disease Control and Prevention 2010).

In addition, the CDC began in the early 2000s to encourage the inoculation of pregnant women and children aged 6 to 23 months against influenza (Centers for Disease

Control and Prevention 2001; 2002).

Given the increased use of influenza shots containing Thimerosal, children's exposure to Hg via Vaccines was likely increased in utero but not decreased after fetuses were born, even though Thimerosal was removed from other Vaccines.

There are other **possible links between Vaccines and Autism** besides Hg.

Vaccines also contain the Neurotoxin Aluminum (Al).

The Al in Vaccines has been associated with disorders in the Central Nervous System (Authier et al. 2001) a**s well as with Autism** (Blaylock 2008).

Combining Hg and Al magnifies the toxicity of each (Haley 2005).

Both metals also are known to suppress the immune system (Havarinasab et al. 2005); thus, a susceptible person may not be able to mount an effective immunological response to the live viruses found in certain Vaccines such as the Measles–Mumps–Rubella shot.

Measles containing Vaccines stimulate the production of cytokines that inflame and damage the brain, possibly contributing to Autism (Ashwood et al. 2004; Vargas et al. 2005; Singh 2009).

Evidence presented in this paper suggests a possible link between susceptible children receiving a battery of Vaccinations and developing Autism or speech disorders.

Although Hg has been removed from many childhood Vaccines, other ingredients could link Vaccines to Autism.

Aluminum, which is found in at least 20 U.S. childhood Vaccines (Centers for Disease Control and Prevention, 2010), is not only a **neurotoxin, but also an immunosuppressant that may allow measles-containing Vaccines to create cytokines that damage the brain.**

Enhanced exposure to aluminum via Vaccines may be associated with an increase in the prevalence of neurological disorders such as Autism, especially if an aluminum-containing Vaccine is administered along with a measles containing Vaccine.

Reducing thimerosal and observing an increase in Autism exonerates neither thimerosal nor Vaccines from being potential links to Autism." - in "A positive Association Found Between Autism prevalence and childhood Vaccination Uptake across the U.S. Population",Journal of Toxicology and Environmental Health, Part A: Current Issues, 26 May 2011.

Measles-Mumps-Rubella Vaccine And The Increased Prevalence of Autism

"The incidence and prevalence data indicate the timing of introduction of Vaccines and changes in the type and increasing number of Vaccines given at one time implicate Vaccines as a cause of Autism.

There are many controversies about Vaccines and Autism, especially since **many parents cite normal development of their children until they receive vaccines at about the age of 18 months** (Lewine et al., 1999).

The Vaccine organism itself could be a culprit.

The current recommended immunization schedule for persons aged 0–6 years in the United States includes 6 Vaccines at 2 months and 9 Vaccines at 12–15 months (Advisory Committee on Immunization Practices, 2010).

This is an increase over recommendations 6 years before, with 5 Vaccines at 2 months, and 8 at 12–15 months (Advisory Committee on Immunization Practices, 2004).

The immune system is particularly sensitive at 2 months of age.

Thus, the immune system of an infant is compromised at 2 months.

A challenge by so many Vaccines while the immune system is compromised might contribute to an onset of Autism.

Longitudinal trends in prevalence data suggest a temporal association between the introduction of MMR Vaccine into Denmark and the rise in Autism (Goldman and Yazbak, 2004).

Other reports have also used prevalence data that support an Association of the MMR Vaccine with an increased prevalence of Autism.

Furthermore, an examination of the continuing increase in prevalence in Autism in the context of the dates of spikes in increase in prevalence which point to the MMR II Vaccine (which did not contain Thimerosal) suggests that something "new" caused the increase in incidence of Autism.

Changes in Vaccine schedule occurred over the years such as changes in the age at which Vaccines were given (Ramsay et al., 1991).

These changes could contribute to the increases in incidence of Autism.

Another change was how some Vaccines were propagated.

The "new" component could be the human DNA from the preparation of the rubella component of the MMR II Vaccine and the chicken pox Vaccine.

The United States Government, and Dr Geberding, Director of Vaccines at Merck, say that Autistic conditions can result from Encephalopathy following Vaccination (Child Health Safety, 2010)." - in "Theoretical aspects of autism: Causes—A review", Journal of Immunotoxicology, 7 February 2011.

Childhood Vaccines and Subsequent Risk of Autism

"Autism Spectrum Disorder is defined by standardized criteria of qualitative impairments in social interaction, qualitative impairments in communication, and restricted and stereotyped patterns of behaviour, interests, and activities.

A significant number of children diagnosed with Autism Spectrum Disorder suffer a loss of previously-acquired skills, which is suggestive of neurodegeneration or a type of progressive encephalopathy **with an etiological pathogenic basis occurring after birth.**

To date, the etiology of Autism Spectrum Disorder remains under debate, however, **many studies suggest toxicity, especially from mercury (Hg), in individuals diagnosed with an Autism Spectrum Disorder.**

The present study evaluated concerns about the toxic effects of organic-Hg exposure from Thimerosal (49.55% Hg by weight) in childhood Vaccines by conducting a two-phased (hypothesis generating/hypothesis testing) study with documented exposure to varying levels of Thimerosal from Vaccinations.

The present study provides new epidemiological evidence supporting an association between increasing organic-Hg exposure from Thimerosal-containing childhood Vaccines and the subsequent risk of an Autism Spectrum Disorder diagnosis." - in "Thimerosal-containing Vaccine administration and the risk for an Autism spectrum disorder diagnosis in the United States", Transl. Neurodegener., 19 December 2013.

What Does Autism Data Tell Us - 2018

"What Do ADDM Data Tell Us About Autism Spectrum Disorder (ASD)?

About 1 in 59 or 1.7% of children have been identified with ASD, based on tracking in multiple areas of the United States.

The picture of ASD in communities continues to change.

Almost half (50%) of children identified with ASD have average or above average intellectual ability; a decade ago, a third (33%) of children identified with ASD had average or above average intellectual ability.

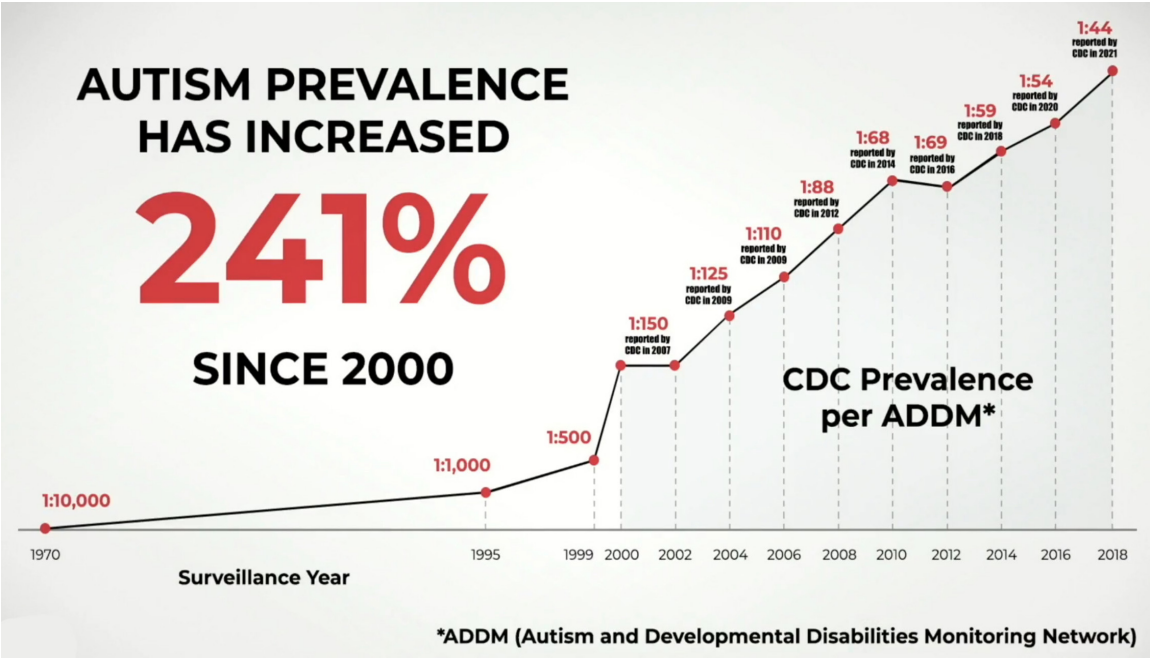
Building the Public Health Infrastructure for ASD

The Children's Health Act of 2000 authorized the CDC to create the Autism and Developmental Disabilities Monitoring (ADDM) Network.

"We are very fortunate to call CDC a partner of the Autism Society." - Scott Badesch, President/CEO, Autism Society of America." - in "Autism Spectrum Disorder (ASD)", CDC, 24 April 2018.

What Does Autism Data Tell Us - 2023

"About 1 in 36 (2.8%) 8-year-old children living in Autism and Developmental Disabilities Monitoring Network sites were identified with ASD in 2020." - in "Autism Spectrum Disorder (ASD)", CDC, 21 March 2023.



Source: "Autism and Developmental Disabilities Monitoring Network, CDC", ICAN, 2024.

"From 2016 to the beginning of 2020, 4-year-old children had more evaluations and identifications than children aged 8-years (when they were 4) had from 2012 through 2016.

Intellectual Disability (ID) is often seen in children with Autism Spectrum Disorder (ASD) and can indicate a type of impairment in intellectual ability.

Among 8-year-old children with ASD, about 1/3 (37.9%) also had Intellectual Disability.

Children born in 2016 were 1.6 times as likely to receive an ASD diagnosis or special education classification by 4 years (48 months) of age compared with children born in 2012. About 1 in 36 (2.8%) 8-year-old children living in ADDM Network sites were identified with ASD in 2020." - in "Autism Spectrum Disorder (ASD)", CDC, 21 March 2023.

Behavioural Disorders Included Autism

"Onset of Behavioural Symptoms was associated, by the parents, with Measles, Mumps, and Rubella Vaccination in 8 of the 12 children, with Measles infection in one child, and Otitis Media in another.

All 12 children had Intestinal Abnormalities, ranging from: Lymphoid Nodular Hyperplasia to Aphthoid Ulceration.

Histology showed Patchy Chronic Inflammation in the Colon, in 11 children and reactive Ileal Lymphoid Hyperplasia in 7.

Behavioural disorders included Autism 9, Disintegrative Psychosis 1, and possible Postviral or Vaccinal Encephalitis 2." - Dr Andrew Jeremy Wakefield, MD, FRCS, in "The Lancet", Vol. 351, 28 February 1998.

British Court Throws Out Conviction of Autism / Vaccine MD: Andrew Wakefield's Co-Author Completely Exonerated

"In a stunning reversal, world renowned Pediatric Gastroenterologist Dr John Walker-Smith, MD, Professor at the University of London, and former Editor-in-Chief of the Journal of Pediatric Gastroenterology & Nutrition, won his appeal against the UK General Medical Council regulatory board that had ruled against both him and Dr Andrew Wakefield, MD for **their roles in the 1998 Measles, Mumps and Rubella (MMR) study associating various Vaccines with the onset of Autism Spectrum Disorders and Gastrointestinal Disease.**

The complete victory means that Dr Walker-Smith, MD has been returned to the status of a fully licensed physician in the UK.

Justice John Mitting ruled saying that the General Medical Council "panel's determination cannot stand.

I therefore quash it" based on "inadequate and superficial reasoning, and in a number of instances a wrong conclusion."

In 1998 the Lancet published **a case series on 12 children receiving treatment for Bowel Dysfunction at the Royal Free Hospital in London, calling for further study of a possible association between Bowel Disease and developmental delay, including cases of Autism.**

Noted that 8 of the children's Gastrointestinal, and Autistic Symptoms began shortly after they received the Measles, Mumps and Rubella (MMR) Vaccination.

The 13 original co-authors of the 1998 Lancet case series were members of the Royal Free Inflammatory Bowel Disease Study Group. **In 2004, under pressure from the British Medical Establishment, 10 of the co-authors signed a letter retracting.** - in UK Press, and "Autism Action Network", March 2012.

2002

What Is Causing Irritable Bowel Syndrome in Children

"Comorbid or extraintestinal symptoms occur frequently with Irritable Bowel Syndrome and account for up to 3/4 of excess health care visits.

Comorbidity with other functional gastrointestinal disorders is high and may be caused by shared pathophysiological mechanisms such as visceral hypersensitivity.

Psychiatric disorders, especially major depression, anxiety, and somatoform disorders, occur in up to 94%.

The nongastrointestinal nonpsychiatric disorders with the best-documented association are:

1. Fibromyalgia (median of 49% have IBS),
2. Chronic Fatigue Syndrome (51%),
3. Temporomandibular Joint Disorder (64%),
4. Chronic Pelvic Pain (50%).

- in "Systematic review of the comorbidity of Irritable Bowel Syndrome with other Disorders: what are the causes and implications?", Gastroenterology, 2002.

"There is increasing evidence to suggest that one of the key modulators of gut-brain communication in Autism Spectrum Disorder (ASD) is the Intestinal Microbiome.
The brain-gut-microbiome axis has become a compelling area of investigation in ASD, specifically in the pediatric population.
Characterization of the Gut Microbiome, usually profiled by sequencing the 16S rRNA gene in bacteria isolated from stool, has been increasingly employed in pediatric Gastrointestinal (GI) disorders over the past decade.
Unique microbial patterns have been identified in a variety of functional GI disorders like irritable bowel syndrome and recurrent abdominal pain as well as in inflammatory disorders such as inflammatory bowel disease." *- in "Autism Spectrum Disorder as a Brain-Gut-Microbiome Axis Disorder", Dig Dis Sci., March 2020.*

Chronic Fatigue Syndrome

"The BBC article also referred to a lady who "was unable to work for 1 year after developing:

1. VITT (Vaccine-Induced Immune Thrombotic Thrombocytopenia), and struggles with;
2. Chronic Fatigue,
3. Migraines,
4. Brain Fog.

And fears her job could be at risk – but believes she will not be considered 60% disabled".

As someone who has had a significant and prolonged (now over a year) relapse of ME following this Vaccine do you think it is worth making a claim?
And does this scheme also cover **people who have developed ME after other types of Vaccination?**

Answer

We have heard from a number of people with Myalgic Encephalomyelitis, also called Chronic Fatigue Syndrome (ME/CFS), who have reported a prolonged and sometimes serious reaction to one of the Covid-19 Vaccines.
We also know that a wide range of Vaccines can occasionally trigger the onset of ME/CFS and, more commonly, can cause a relapse or exacerbation of ME/CFS symptoms." - in "Vaccine Damage Payment Scheme", ME Association, Summer 2022.

2014

What Is Damaging the Gastrointestinal in Children

"A preponderance of evidence suggests that a significant subset of Autistic individuals exhibit Gastrointestinal (GI) abnormalities, and that GI issues can contribute to the clinical manifestations of ASD-associated symptoms, including abnormal behavior, immune dysregulation, and metabolic dysfunction.

It is estimated that 60% of patients suffering from functional GI disorders exhibit comorbid major affective disorders.

GI effects on the immune system can also influence brain and behavior.

Functional GI disorders are strongly linked to GI inflammation, Intestinal Permeability, and altered composition of the Gut Microbiota.

Various immunological abnormalities have been observed in the GI tracts of Autistic individuals, including leukocyte infiltration, complement activation, lymphoid hyperplasia, and pro-inflammatory cytokine responses." - in Gastrointestinal Issues in Autism Spectrum Disorder", Harvard Review of Psychiatry", March/April 2014.

2015

What Is Causing Inflammatory Bowel Disease in Children

"Gastrointestinal (GI) symptoms are commonly reported in children with Autism Spectrum Disorders (ASD), and there is increasing interest in understanding possible Gut–Brain Connections.

Valicenti-McDermott et al report increased feeding disorders and abnormal stool patterns, White et al report

inflammation of the ileum, and D'Eufemia et al report an altered lactulose to mannitol recovery ratio.

GI symptoms are more prevalent in children with ASD compared with their siblings and children with other developmental delays. GI symptoms are more common among children with more severe ASD (e.g., language regression).

Across each population with different kinds of ascertainment, there was a consistent and statistically significant increased prevalance of Inflammatory Bowel Disease (IBD) in patients with ASD than their respective controls and nationally reported rates for pediatric IBD.

These results lend further evidence for an association between IBD and ASD." - in "Prevalence of Inflammatory Bowel Disease Among Patients with Autism Spectrum Disorders", Inflammatory Bowel Diseases, October 2015.

2018

What Is Causing Crohn's Disease & Ulcerative Colitis in Children

"Children with Autism Spectrum Disorders (ASD) were more likely to meet criteria for Crohn's disease and Ulcerative Colitis compared to controls.

This higher prevalence of Crohn's disease and Ulcerative Colitis in children with ASD compared to controls confirms the association of ASD with Inflammatory Bowel Disease." - in "Association of Autism Spectrum Disorders and Inflammatory Bowel Disease", Journal of Autism and Dev. Disord., May 2018.

Small Intestinal Bacterial Overgrowth & Autism

"The prevalence of Small Intestinal Bacterial Overgrowth (SIBO), in patients with Autism Spectrum Disorders (ASD), 96 children with Autism suffered from SIBO, giving a prevalence rate of SIBO was 31.0%. SIBO was significantly associated with worse symptoms of Autism, demonstrating that children with SIBO may significantly contribute to symptoms of Autism." - in "Hydrogen breath test to detect Small Intestinal Bacterial Overgrowth: a prevalence case-control study in Autism", Eur. Child. Adolesc. Psychiatry, February 2018.

2019

"Children with Autism Spectrum Disorder tend to have more Gastrointestinal Symptoms such as Abdominal Pain, Constipation and Diarrhea, compared with their peers." *- in "Autism spectrum disorder and digestive symptoms", Mayo Clinic, 21 May 2019.*

2020

"GI distress in children with ASD has been linked to many issues in this population, including sleep, behavioral and psychiatric disorders. It is thus essential to understand the presentations of GI problems in children with ASD. It has become increasingly clear that GI problems are common in the ASD population and also morbidity causing." - in "Gastrointestinal issues and Autism Spectrum Disorder", Child and Adolesc. Psychiatr. Clin. N. Am., July 2020.

What is Damaging The Good Bacteria in Children

"The recent realization that man is not an isolated organism, but in fact, we are host to trillions of microscopic organisms who do not simply live in and on us, but interact with us, in many ways both good and bad is changing the assumptions.

The idea of germs as disease causing organisms is familiar, and most of us have had multiple courses of Antibiotics to suppress infection, but pathological germs are the minority.

Many microorganisms are beneficial, or at least not harmful, and antibiotics often destroy bacteria indiscriminately, killing both the good and the bad.

Even the notion of good and bad bacteria is a distortion.

We are in a relationship with our bacteria which, when in balance, promotes our health and well-being, and a healthy relationship with our gut bacteria is often dependent on the health and habits of the human host.

We now know; that microorganisms are active not only in the digestion of our food, but through the medium of neurotransmitters they communicate with our brain, and the nervous system influences how we think and feel.

Our relationship with our gut bacteria, is crucial in limiting inflammation, which we now know is a crucial factor in many psychiatric diseases **including Autism,** Depression and Alzheimer's." - Dr Edward Chastka, MD in "Etiology and treatment of Autism Spectrum Disorders All Disease Starts in the Gut, 2018.

Autism And Vaccines CDC Whistle-Blower Exposes Vaccine Dangers, Lies, and Cover-Ups

According to a study by Focus Autism Foundation, a CDC whistle-blower revealed manipulation of scientific data in regards to the MMR vaccine.

"A top research scientist working for **the Centers for Disease Control and Prevention (CDC), played a key role in helping Dr Brian Hooker of the Focus Autism Foundation uncover data manipulation by the CDC that obscured a higher incidence of Autism** in African-American boys. The whistleblower came to the attention of Hooker, a PhD in biochemical engineering, after he had made a Freedom of Information Act (FOIA) request for original data on the destefano et al MMR (Measles, Mumps, Rubella) and Autism study." – "marketwatch.com"

Dr Hooker stated: **"The CDC knew about the relationship between the age of first MMR Vaccine and Autism** incidence in African-American boys as early as 2003, but chose to cover it up."

The CDC informant, who has worked for the government agency for over a decade, remarked to Dr Hooker in phone calls:

> ***"We've missed 10 years of research because the CDC is so paralyzed right now by anything related to Autism. They're not doing what they should be doing because they're afraid to look for things that might be associated."***

The whistleblower alleges criminal wrongdoing of his supervisors, and he expressed deep regret about his role in helping the CDC hide data." - Michael Edwards in "Organic Lifestyle Magazine", focusautisminc.org, 19 August 2014.

The "Tiny" List of Vaccines That The Medical Trade and The NHS in England Recommends to be given to:

8 Weeks Old Babies
1. 6-in-1 Vaccine
2. Pneumococcal (PCV) Vaccine
3. Rotavirus Vaccine
4. MenB Vaccine

12 Weeks Old Babies
1. 6-in-1 Vaccine, second dose
2. Rotavirus Vaccine, second dose

16 Weeks Old Babies
1. 6-in-1 Vaccine, third dose
2. Pneumococcal (PCV) Vaccine, second dose
3. MenB Vaccine second dose

1 Year Old Toddlers
1. Hib/MenC vaccine, given as a single jab containing vaccines against meningitis C (first dose) and Hib (fourth dose)
2. Measles, mumps and rubella (MMR) vaccine, given as a single jab
3. Pneumococcal (PCV) vaccine, third dose
3. MenB vaccine, third dose

2 to 9 Years Old Children (including children in reception class and school years 1 to 5)
1. Children's flu vaccine (annual)

3 Years and 4 months Old Children

1. Measles, mumps and rubella (MMR) vaccine, second dose
2. 4-in-1 pre-school booster, given as a single jab containing vaccines against: diphtheria, tetanus, whooping cough (pertussis) and polio

12-13 Years Old (girls only)

1. HPV vaccine, which protects against cervical cancer – two injections given 6-12 months apart

14 Years Old Children

1. 3-in-1 teenage booster, given as a single jab containing vaccines against diphtheria, tetanus and polio
2. MenACWY vaccine, given as a single jab containing vaccines against meningitis A, C, W and Y" - in nhs.uk/conditions/vaccinations, 2018.

The Vaccine War

In 2010 the PBS "The Vaccine War" Frontline program, the conclusions are drawn that Vaccines do not cause Autism.

The cause of Autism lays else where, it lays on the internet, and on the conspiracy theories, but not in Vaccines.

Medical Trade so-called "Experts", state that children who get Autism symptoms the days after Vaccination is pure coincidence, the two are not related.

Adverse Events After Routine Immunization of Extremely Low-Birth-Weight Infants

"Most of the 13,926 infants (91.2%) received 3 or more immunizations.

The incidence of sepsis evaluations increased from 5.4 per 1,000 patient-days in the pre-immunization period to 19.3 per 1,000 patient-days in the post-immunization period.

The need for increased respiratory support increased from 6.6 per 1,000 patient-days in the pre-immunization period to 14.0 per 1,000 patient-days in the post-immunization period, and intubation increased from 2.0 per 1,000 patient-days to 3.6 per 1,000 patient-days.

The post-immunization incidence of Adverse Events was similar across immunization types, including combination Vaccines when compared with single-dose Vaccines.

Infants who were born at 23 to 24 weeks gestation had a higher risk of sepsis evaluation and intubation after immunization.

A prior history of sepsis was associated with higher risk of sepsis evaluation after immunization." - in "JAMA Pediatr.", 2015.

*"**Encephalitis is inflammation of the brain that occurs when** a virus directly infects the brain or when a virus, **Vaccine, or something else triggers inflammation. The spinal cord may also be involved, resulting in a disorder called encephalomyelitis. People may have a fever, headache, or seizures, and they may feel sleepy, numb, or confused."** - Dr John E. Greenlee, MD, University of Utah School of Medicine in "MSD Manual, Consumer Version", (Merck Manual in the US and Canada and the MSD Manual in the remainder of the world), 2019.*

Vaccines Little Profit

"**Vaccines were regarded for many years as bad business for the pharmaceutical industry. In 1990, the British company, Wellcome, announced it was stopping research into, and manufacture of, vaccines because there was, too much litigation and too little profit** ("British firm halts vaccine manufacture, research", JAMA, 1990).

The change over recent decades has been astounding, and today the story is very different: **Vaccines have become big business, and are now the fastest growing sector of the Pharmaceutical Industry.**

All the major multinational Vaccine manufacturers reported large increases in income from Vaccines in their 2007 annual reports, with Vaccines being their fastest growing products.

By 2014 the global Vaccines market had grown to US $33 Billion, and is projected to grow to US $41 Billion by 2021." - Dr Richard Halvorsen, MD in "Vaccines: Making the Right Choice for your Child", 2018.

Vaccines
Profit Ahead of the Public Good

"The Report: "Vaccines Market by Technology (Live, Toxoid, Recombinant), Disease (Pneumococcal, Influenza, DTP, Rotavirus, TT, Polio, MMR, Varicella, Dengue, TB, shingles, Rabies), Route (IM, SC, ID, Oral), Patient (Pediatric, Adult), Type - Global Forecast to 2024", is projected to reach USD $58.4 Billion by 2024, from USD $41.7 Billion in 2019, at a CAGR of 7.0% during the forecast period.

Pediatric patients segment accounted for the larger share of the Vaccines market, by patient type.

The large share of this segment can be attributed to increasing government support and rising company investments in conjugate Vaccine development." - in "Markets and Markets", January 2020.

"**Among the other causes of possible paralysis - including bacterial meningitis, Japanese encephalitis, mumps, even diarrhoea and dehydration with hypokalaemia - that are not being diagnosed, John suspects that a major cause of paralysis is post-traumatic neuropathy after injections.**

Despite a nationwide ban on intramuscular injections in children's buttocks, many unregulated and poorly trained doctors still do them. **If they hit the sciatic nerve, the child has a transient paralysis; in some cases paralysis is permanent.**" - Dara in "Polio-like disease in the news: much ado about nothing?", The Lancet Neurology, July 2014.

Vaccine Industry Has Absolute Legal Immunity

"The Vaccine Companies went to Congress and said: "We're going to stop making Vaccines and that's going to be a national security problem, because if there is a bioterrorism attack or if there is an epidemic, there's going to be no factories that are up and running that can create new Vaccines that can respond to those national emergencies.

And so, if you want us to continue to make Vaccines you're going to have to give us immunity from litigation", and that's what happened." - Robert F. Kennedy, Jr in "The Truth About Vaccines", 2018.

> ***"The Vaccine Industry has absolute legal immunity.***
> *They can put anything in a vaccine. And to some extent, they do.*
> ***They put known Neurotoxins in the Vaccines. It's criminal what they do to our fellow human beings."*** *- Mike Adams in "The Truth About Vaccines", 2018.*

"The lawyers representing the pharmaceutical industry, government, and medical trade convinced the Supreme Court that there should be no liability at all for the pharmaceutical industry when it comes to vaccines that are licensed by the FDA as safe and effective.

The Supreme Court majority, with 2 dissents, Justices Sotomayor and Ginsberg dissented.

The Supreme Court said:

> ***"Vaccines are unavoidably unsafe*** *and there shall be no more lawsuits against any vaccine company."*

So, today, if you or your child are Injured by Vaccine or if your child Dies from a Vaccine, you cannot hold anyone accountable in a civil court of law, anyone who makes or sells the vaccine, who regulates the vaccine and who makes policy for the Vaccine, who votes to mandate for the Vaccine, or who gives the vaccine.

The only one who's left with any responsibility for what happens to a child, after that child's injured by vaccine, is the parent." - Barbara Loe Fisher in "The Truth About Vaccines", 2018.

Vaccines Are Unavoidably Unsafe

"Legally (Vaccines) they're classified as "unavoidably unsafe." *That's their legal classification. When I say that, in court in the state cases that I have which are not injury obviously, that's federal court, the judges always stop me and go:*
"What? What did you say?
Wait, repeat that, repeat that", I'm like, ***"They're legally classified as unavoidably unsafe,*** *your honour."*
Then they're like, "Woah, wait a minute." - Dr Toni Bark, MD in "The Truth About Vaccines", 2018.

Ingredients, Components Excipients Found In Vaccines

Albumin, Bovine	DOPC	Phosphate Buffer
Albumin, Bovine Serum	EDTA	Polymyxin
Albumin, Calf Serum	Egg Protein	Polymyxin B
Albumin, Calf Serum Protein	Ferric (III) Nitrate	Polymyxin B sulfate
Albumin, Egg (Ovalbumin)	Formaldehyde	Polysorbate 20
	Galactose	Polysorbate 80
	Gelatin	Porcine DNA
	Gelatin, Bovine	Potassium

Albumin, Fetal Bovine Serum Albumin, Human Albumin, Human Serum Aluminum Amino Acid Ammonium Sulfate Amphotericin B Ascorbic Acid Barium Benzethonium Chloride Beta-Propiolactone Bovine Casein Bovine Extract Bovine, Casamino Acid Calcium Carbonate Calcium Chloride Carbohydrates Chick Embryo Chick fibroblasts Chlortetracycline Citric Acid Monohydrate CTAB Dextrose D-glucose Dimethyl-beta-cyclodextrin DNA	Gelatin, hydrolyzed Gelatin, Porcine, Hydrolyzed Gentamicin Sulfate Glutamate Glutaraldehyde Hexadecyltrimethylammonium Bromide Histidine Hydrocortisone Kanamycin Lactalbumin Hydrolysate Lactose L-cystine L-histidine L-tyrosine Magnesium Stearate Magnesium Sulfate Monosodium glutamate Monosodium L-glutamate Mouse Serum Protein MRC-5 Neomycin Neomycin Sulfate Nonylphenol Ethoxylate Octoxynol-10 (Triton X-100) Octylphenol Ethoxylate (Triton X-100) Peptone, Soy Phenol Phenol Red Indicator	Aluminum Sulfate Potassium Chloride Potassium Glutamate Protamine Sulfate Salts and Sugars, Inorganic Salts, Inorganic Salts, Mineral Sodium Bicarbonate Sodium Borate Sodium Citrate Sodium Citrate Dihydrate Sodium Deoxycholate Sodium Hydroxide Sodium Metabisulphite Sodium Pyruvate Sodium Taurodeoxycholate Sorbitan Trioleate Sorbitol Streptomycin Succinate Buffer Sucrose Thimerosal (mercury) Vero Cells Vitamins Xanthan Yeast 2-Phenoxyethanol

Health Does Not Come From Injecting Poison Into The Blood-stream

The principle in which vaccines produced by the Medical Trade act are those to produce within the body system those same conditions which the germs and virus produce.

Thus the Medical Trade delivers into the blood stream those same elements which cause the same disease or condition which wants to avoid.

Adverse conditions may arise from the bad combination of mercury and bovine Vaccines, these can affect the organs themselves, thus producing conditions such as congestion in the lobes of the liver, affecting the glandular system in its abilities to create the elements necessary for proper activity of these glandular secretions, to the central system of blood supply.

Thus gradually producing a tendency from this congestion such that there is the inclination towards forms of anaemias, or that as related to activity of the structural portions of the body, to become deficient in supplying those portions of the hormones as to make sufficient red blood cells.

These in turn may produce the attempt in the glandular forces to produce the amount of the lymph in excess in body.

Which then may cause an irritation to the mucous membranes as in the face, head, throat and lungs.

Vaccines tend to produce acidity in the blood stream.

Therefore vaccines should not be used unless in cases of epidemics or as such.

The best vaccines would be a combination of providing a good wholesome nutrition to the body and those made from the own body's blood flow, that is, the form of vaccine that would be grown from the body's own blood.

Prevention is the best way to create immunity to germs in the body system.

"An ounce of prevention is better than a pound of cure." - Old Adage

"A few years ago I thought a child of mine would have died from Vaccination.

This led me to turn my attention to the question of Vaccination, and to read everything I could find about the practice, with the view to learning whether it is in any degree beneficial, or whether it is only quackery, destined to go the way of inoculation, powdered earth worms, weasel's brains, toad's eyes, pounded egg shells, and all the innumerable doctors nostrums of superstitious times; of which times perhaps ours is not the least superstitious.

During the course of my reading I wrote down thoughts that occurred to me upon the subject, together with others leading from it.

Hence this book." - H. Strickland Constable, in "Our medicine men a few hints", 1876.

"Yours is, I grant, a very hard case.
Your children are murdered according to the law, and you have no redress." *- H. Strickland Constable, in "Advice to parents whose children have been killed by Vaccination", Our medicine men a few hints, 1876.*

"Out of 800 patients admitted into the Small Pox Hospital in 1852, only 230 were Unvaccinated; in other words, 570, or considerably more than 66% of the whole, had been Vaccinated."

There is also a strong suspicion*, based on the experience of many eminent medical men, that it not only introduces other diseases into the system, but that* ***some children: "Never enjoy good health after vaccination****." - John Gibbs Esq., in "Our Medical Liberties, or the Personal Rights of the Subject as Infringed by recent and Proposed Legislation - A Review", The Witness, Edinburgh, 15 July 1854.*

Diphtheria Pertussis and Tetanus Vaccine Suspended

"In the 1970s and 1980s, **Japan suspended their pertussis Vaccination program because of safety concerns.**

In Sweden, effectiveness concerns led to a suspension of Sweden's pertussis Vaccination program.

Other countries such as the: United Kingdom, Italy, Ireland, Australia, West Germany and Russia saw substantially reduced pertussis Vaccine acceptance within their populations.

In the US by the mid-1980s, lawsuits related to Vaccine safety led several manufacturers to withdraw their Diphtheria Pertussis and Tetanus Vaccine (DTP), and paved the way to the US National Childhood Vaccine Injury Act in 1986.

This act provides funds to compensate for adverse events following immunization.

Faced with such widespread apprehension surrounding DTP safety, great efforts were made to develop acellular pertussis Vaccines.

The United States switched from whole cell to acellular pertussis Vaccines in the 1990s following global concerns with the safety of the whole cell Vaccines.

In the US, there are currently 2 manufacturers of licensed acellular pertussis Vaccines: GlaxoSmithKline Biologicals (GSK), and Sanofi Pasteur. "- in "Licensed Pertussis Vaccines in the United States", Human Vaccines Immunotherapeutics", September 2014.

Increase in Mortality After the Introduction of Diphtheria Tetanus Pertussis Vaccine

"Whole-cell diphtheria–tetanus–pertussis (DTP) and oral polio Vaccine (OPV) were introduced to children in Guinea-Bissau in 1981. We previously reported that DTP in the target age group from 3 to 5 months of age was associated with higher overall mortality. DTP and OPV were also given to older children and in this study we tested the effect on mortality in children aged 6–35 months. In the 1980s, the suburb Bandim in the capital of Guinea-Bissau was followed with demographic surveillance and tri-monthly weighing sessions for children under 3 years of age. From June 1981, routine vaccinations were offered at the weighing sessions. We calculated mortality hazard ratio (HR) for DTP-Vaccinated and DTP-Unvaccinated children aged 6–35 months using Cox proportional hazard models. Including this study, the introduction of DTP Vaccine and child mortality has been studied in 3 studies; we made a meta-estimate of these studies. ***Although having better nutritional status and being protected against 3 infections, 6–35 months old DTP-Vaccinated children tended to have higher mortality than DTP-Unvaccinated children. All studies of the introduction of DTP have found increased overall mortality."*** *- in "Evidence of Increase in Mortality After the Introduction of Diphtheria–Tetanus–Pertussis Vaccine to Children Aged 6–35 Months in Guinea-Bissau: A Time for Reflection?", Front Public Health, 2018.*

Chapter 3

Genotoxic Vaccines

"Toxic (damaging) to DNA. Substances that are Genotoxic may bind directly to DNA or act indirectly leading to DNA Damage by affecting enzymes involved in DNA replication, thereby causing mutations which may or may not lead to Cancer or Birth Defects (Inheritable Damage)." *- in "General Glossary", Scientific Committees, Public Health, European Union, 2009.*

Genotoxic Impurity

"Genotoxic Impurities (GTIs) are compounds that induce genetic mutation, chromosomal breaks and/or chromosomal rearrangements, and have the potential to cause cancer." *- in "Separation Science and Technology", Handbook of Modern Pharmaceutical Analysis, 2011.*

Genotoxicity Damage To DNA And Its Consequences

"A genotoxin is a chemical or agent that can cause DNA or chromosomal damage.

Such damage in a germ cell has the potential to cause a heritable altered trait (germline mutation).

DNA damage in a somatic cell may result in a somatic mutation, which may lead to malignant transformation (Cancer).

Many in vitro and in vivo tests for Genotoxicity have been developed that, with a range of endpoints, detect DNA damage or its biological consequences in prokaryotic (e.g. bacterial) or eukaryotic (e.g. mammalian, avian or yeast) cells.

These assays are used to evaluate the safety of environmental chemicals and consumer products and to explore the mechanism of action of known or suspected Carcinogens.

Many chemical carcinogens/mutagens undergo metabolic activation to reactive species that bind covalently to DNA, and the DNA adducts thus formed can be detected in cells and in human tissues by a variety of sensitive techniques.

The detection and characterisation of DNA adducts in human tissues provides clues to the aetiology of human cancer.

Characterisation of gene mutations in human tumours, in common with the known mutagenic profiles of Genotoxins in experimental systems, may provide further insight into the role of environmental mutagens in human cancer.

A Genotoxic Carcinogen Typically Induces Tumours in Multiple Organs.

Multi-species, multi-organ carcinogens are more likely to be human carcinogens and, indeed, most agents classified as human carcinogens by the International Agency for Research on Cancer (IARC) are Genotoxic.

It is well recognised that the carcinogenic activity of some chemicals is the result of non-genotoxic mechanisms, the majority of known human carcinogens are Genotoxic."
- in "Genotoxicity: Damage to DNA and its Consequences", Molecular, Clinical and Environmental Toxicology, 2009.

Genetic Toxicology

"Genetic Toxicology is a subspecialty of General Toxicology that addresses the problems of Toxicity to the DNA in cells.

The need to evaluate the **Genotoxic potentials of Xenobiotics (chemical substance found within an organism that is not naturally produced or expected to be present within the organism)**.

These agents can provoke genetic changes which may affect not only the present but also the future generation.

Several studies have shown the possible pathways and mechanisms of induction of DNA damage.

There are reports on individual substances or mixtures interactions with DNA. Likewise, biochemical and molecular mechanisms of genotoxicity have been extensively reported in the literature.

DNA damage has dramatic short- and long-term consequences on the organism in which it occurs.

As much as genomic changes have beneficial effects, they have also been implicated in the etiology of certain genetic disorders and cancer." - Prof Dr Adekunle Bakare

"Another serious potential Toxicity infrequently Associated with Vaccines is Autoimmune Disease. Various possible pathogenic mechanisms exist. Molecular mimicry is the result of an immune response to shared epitopes between antigens of the host and antigenic components of the Vaccine." *- in "Preclinical Toxicology of Vaccines", A Comprehensive Guide to Toxicology in Nonclinical Drug Development, 2017.*

Vaccines The Underlying Cause in Persistent Excess Mortality

"Previous research confirmed profound under-reporting of Adverse Events, including Deaths, After Immunisation.

French studies suggest that Covid-19 mRNA Vaccines are Gene Therapy Products requiring long-term stringent adverse events monitoring.

Batch-dependent heterogeneity in the Toxicity of mRNA Vaccines was found in Denmark.

Simultaneous onset of Excess Mortality and Covid-19 Vaccination in Germany provides a safety signal warranting further investigation.

Randomised clinical trials of mRNA Covid-19 Vaccines showed that the Pfizer trial had a 36% higher risk of serious adverse events in the Vaccine group.

The Moderna trial had a 6% higher risk of serious adverse events among Vaccine recipients. These Serious Adverse Events lead to either Death, are life-threatening, require inpatient (prolongation of) hospitalisation, cause persistent/significant disability/incapacity, concern a congenital anomaly/birth defect or include a medically important event.

Most of these serious adverse events concern common clinical conditions, for example:

1. **Ischaemic Stroke,**
2. **Acute Coronary Syndrome,**
3. **Brain Haemorrhage.**

Both medical professionals and citizens have reported Serious Injuries and Deaths following Vaccination to various official databases in the Western World, such as: VAERS in the USA, EudraVigilance in the European Union and Yellow Card Scheme in the UK.

A study comparing adverse event reports to VAERS and EudraVigilance following mRNA Covid-19 Vaccines versus influenza Vaccines observed a higher risk of serious adverse reactions for Covid-19 Vaccines.

These reactions included:

1. Cardiovascular Diseases,
2. Coagulation,
3. Haemorrhages,
4. Gastrointestinal Events,
5. Thromboses.

Numerous studies reported that Covid-19 Vaccination may induce:

1. Myocarditis,
2. Pericarditis,
3. Autoimmune Diseases.

Postmortem examinations have also ascribed:

1. Myocarditis,
2. Encephalitis,
3. Immune Thrombotic Thrombocytopenia,
4. Intracranial Haemorrhage,
5. Diffuse Thrombosis to Covid-19 Vaccinations.

The Food and Drug Administration (FDA) noted in July 2021 that the following potentially serious adverse events of Pfizer Vaccines deserve further monitoring and investigation:

1. Pulmonary Embolism,
2. Acute Myocardial Infarction,
3. Immune Thrombocytopenia,
4. Disseminated Intravascular Coagulation." - in "Excess mortality across countries in the Western World since the COVID-19 pandemic: 'Our World in Data' estimates of January 2020 to December 2022", Public Health, British Medical Journal, 3 June 2024.

Cardiovascular Manifestation Myocarditis & Pericarditis After Vaccination

"This study focuses on **Cardiovascular Manifestation, particularly Myocarditis and Pericarditis events, after BNT162b2 mRNA COVID-19 Vaccine injection** in Thai adolescents.

This prospective cohort study enrolled students aged 13–18 years from 2 schools, who received the second dose of the BNT162b2 mRNA COVID-19 Vaccine.

We enrolled 314 participants.

The most common Cardiovascular signs and symptoms were:

1. **Tachycardia (7.64%)**
2. **Shortness of Breath (6.64%)**
3. **Palpitation (4.32%)**
4. **Chest Pain (4.32%)**
5. **Hypertension (3.99%)**

1 participant could have more than 1 sign and/or symptom.

7 participants (2.33%) exhibited at least 1 elevated cardiac biomarker or positive lab assessments.

Cardiovascular Manifestations were found in 29.24% of patients, ranging from Tachycardia or palpitation to Myopericarditis.

Myopericarditis Was Confirmed in one patient After Vaccination.

2 patients had suspected Pericarditis and 4 patients had suspected subclinical Myocarditis.

In Conclusion: Cardiovascular Manifestation in adolescents after BNT162b2 mRNA COVID-19 Vaccination included: Tachycardia, Palpitation, and Myopericarditis." - in "Cardiovascular Manifestation of the BNT162b2 mRNA COVID-19 Vaccine in Adolescents", Trop. Med. Infect. Dis., 2022.

"A Team from Kaiser Permanente Northern California and the U.S. Centers for Disease Control and Prevention (CDC), reported the risk of Myocarditis or Pericarditis — inflammation of the tissue surrounding the heart — was about 1 in 6,700 in 12- to 15-year-old boys following the second Vaccine dose, and about 1 in 16,000 following the first booster.

In 16- and 17-year-olds, it was about one in 8,000 after the second dose and 1 in 6,000 after the first booster.

Men ages 18 to 30 have a somewhat **elevated risk as well.**

Christian Müller, director of the Cardiovascular Research Institute at University Hospital Basel, recently collected blood samples from almost 800 hospital workers **3 days after they got a COVID-19 booster, 40 had high levels of Troponin, a molecule that can Indicate Damage to the Heart Muscle.**

For 22 cases (2.8%) Müller believes The Vaccine Caused Troponin Levels to Rise.

The findings, which he presented at a meeting in August, align with those of a recently published study from Thailand (Cardiovascular Manifestation of the BNT162b2 mRNA COVID-19 Vaccine in Adolescents, Trop. Med. Infect. Dis., 2022)." - in "Heart risks, data gaps fuel debate over COVID-19 boosters for young people", Science, 17 October 2022.

Chemicals Which Are Environmental Toxin in Vaccines

"Excipients in Vaccines are Chemicals that are not the main active ingredient.

Thimerosal, a preservative, is a Mercury compound.

Aluminum (Aluminum Hydroxide, or Aluminum Phosphate) is an Adjuvant in Vaccines.

Both of these metals are regarded as Environmental Toxins.

Mercury, Thimerosal & Autism

"The Mercury level of some Vaccines may be as high as 50 mg/L, whereas when soil contains a level exceeding 0.2mg/L it is considered a hazardous waste site."

Thimerosal has received the most negative publicity, as some have claimed that Mercury Toxicity is a cause of Autism.

This leads us to the work of Dr Andrew Wakefield, MD, British Academic Gastroenterologist and Surgeon.

At about the same time that his findings about Toxicity of Vaccines became prominent in the news, we in the USA were becoming more aware of Environmental Toxicity of Metals.

Initially, as Wakefield was a specialist in Stomach and Intestinal Disorders, a mother brought her Autistic child to him as she wondered if there was a connection between his Gastrointestinal Problems & Autism.

Then he began gathering cases of mothers reporting that their little ones rapidly showed behaviour regression after receiving an MMR Vaccination.

He studied 12 children with both Gastro-Intestinal & Developmental Issues.

How Mercury Can Be A Potential Cause of Autism

"There is a vicious circle between nervous system impairment and increasing dysbiosis (faulty metabolism), leaky gut and neurochemical compounds and/or Neurotoxic Xenobiotics (substances foreign to the gut) production and absorption." *- in "Environment, dysbiosis, immunity and sex-specific susceptibility: A translational hypothesis for regressive Autism pathogenesis", Nutritional Neuroscience, May 2015.*

Add Mercury (the xenobiotic) and you have neurological impairment that includes Autism.

Another known environmental Toxin, Aluminum, having had a role as an adjuvant for decades, has become more widely used, and is currently added as an adjuvant in Hep A, Hep B, DT, H.

Influenza b, and Pneumococcal Vaccines in the form of aluminum hydroxide, HPV Vaccines as amorphous aluminum hydroxyphosphate sulfate (AAHS) and in the case of Merck's Vaccines many were mislabelled for years but were actually AAHS.

By 18 months of age, a child who has received all recommended Vaccines will have had a load of 5mg of Aluminum, while the FDA regards only 0.85 mg as "safe."

Unsafe levels of Aluminum and Mercury can end up in the brain where they can promote inflammation as in the immune system, and thus they are commonly associated with several Neurological Diseases including the dreaded Alzheimer's Disease." - Dr Ralph Campbell, MD, in " Vaccine Adjuvants and Excipients; Know What Else Comes Through the Needle?", Orthomolecular Medicine News Service, 2 November 2017.

For more information on this topic, please read Annex No. 8, in this book:

"8. The Truth Behind The Vaccine Cover-Up, 2008."

Neurological Complications Following Vaccination

"In fact, **All Kinds of Vaccines Are Associated with the Risk of Several Serious Neurological Complications, like:**

1. **Acute Disseminated Encephalomyelitis,**
2. **Transverse Myelitis,**
3. **Aseptic Meningitis,**
4. **Guillain-Barré syndrome,**
5. **Macrophagic Myofasciitis,**
6. **Myositis.**

Direct Neurotoxicity

Influenza Vaccine Has Been Found Associated with Narcolepsy in young persons.

Several pathogenic mechanisms, like molecular mimicry, direct Neurotoxicity, and aberrant immune reactions, have been ascribed to **explain these Vaccines Associated with Neurological Complications.**

Even Covid-19 Vaccines are not free from Neurological Complications.

In this article, we have focused on the **Neurological Complications following Covid-19 Vaccination.**

Transverse Myelitis, Acute Disseminated Encephalomyelitis, and Guillain-Barré Syndrome are other severe unexpected Post-Vaccination complications that can occur as result of molecular mimicry and subsequent Neuronal Damage.

Most of other Serious Neurological Complications are reported in either in form of isolated case reports, or small cases series.

Headache

Headache is one of the most frequent mild neurological complaints reported by a large number of Covid-19 Vaccine recipients, soon after they receive Vaccine.

In majority, the headaches were bifrontal or temporal, dull aching character and were moderate to severe in intensity.

The common accompanying symptoms were fatigue, exhaustion, and muscle pain.

Severe Neurological Adverse Events

Serious Adverse Reaction Following Immunization is defined as a Post-Vaccination event that are either life-threatening, requires hospitalization, or result in severe disability.

The World Health Organization (WHO), listed **Guillain-Barré Syndrome, Seizures, Anaphylaxis, Syncope, Encephalitis, Thrombocytopenia, Vasculitis, and Bell's Palsy as Serious Neurologic Adverse Events.**

Instances of S**erious Adverse Events Following Covid-19 Vaccinations are Continuously Pouring in the current Scientific Literature.**

Functional Neurological Disorders

Functional Neurological Disorders are triggered by physical/emotional stress following an injury, medical illness, a surgery, or Vaccination.

Functional neurological disorders often remain misdiagnosed despite extensive workup.

After availability of Covid-19 Vaccine, many youtube videos depicted continuous limb and trunk movements and difficulty walking immediately after Covid-19 Vaccine administration.

Kim and colleagues reviewed several such social media videos demonstrating motor movements consistent with functional motor symptoms occurring after administration of Covid-19 Vaccine.

Several Other Kinds of Functional Neurological Disorders have also been reported. Butler and colleagues described two young ladies, who presented with functional motor deficits mimicking Stroke.

Both these patients had variability in weakness and had many non-specific symptoms. A detailed workup and neuroimaging failed to demonstrate any specific abnormality. Ercoli and colleagues described a middle-aged man who, immediately after Vaccine administration, reported bilateral Facial Paralysis along with failure to Blink.

Cerebral Vascular Events

As a matter of concern, increasing number of reports about adenoviral vector Vaccine-induced cerebral vascular adverse events, like:

1. **Cerebral Venous Thrombosis,**
2. **Arterial Stroke,**
3. **Intracerebral Hemorrhage.**

Is getting published in leading medical journals.

These Reports Are Alarming as Post-Vaccination Vascular Events Culminate Either in Severe Disability or Death. Vaccine-induced Cerebral Vascular Adverse Events are generally associated with severe immune-mediated Thrombotic Thrombocytopenia.

Thrombocytopenia generally clinically manifests within 5 to 30 days after administration of adenovirus vector-based Vaccines. In Post-Vaccination Thrombotic Thrombocytopenia, a picture similar to that of heparin-induced thrombocytopenia is encountered.

The Post-mortem examination, in patients with Vaccine-induced Thrombocytopenia, demonstrated extensive involvement of large venous vessels.

Cerebral Venous Thrombosis

Cerebral Venous Thrombosis is the one of the most feared devastating Covid-19 Vaccine-Associated Neurological Complication.

Cerebral Venous Thrombosis should be suspected in all Vaccinated patients, who has persistent headache.

Arterial Events

Several Acute Arterial Events, like:

1. Arterial Thrombosis,
2. Intracerebral Hemorrhage,
3. Transient Global Amnesia,
4. Spinal Artery Ischemia.

Have also been reported following Vaccination.

Simpson and colleagues, in Scotland, estimated the Incidence of Vaccine-Associated Thrombocytopenia and Vascular Events Following Administration of first dose of viral vector-based Vaccine (ChAdOx1), or mRNA (BNT162b2 Pfizer-BioNTech or mRNA-1273 Moderna) Vaccination.

First dose of viral vector-based Vaccine was Associated with small enhanced risk of Idiopathic Thrombocytopenic Purpura; in addition, up to 27 days after Vaccination, there was possibility of an Increased Risk for Thromboembolic and Hemorrhagic Events.

Intracerebral Hemorrhage & Acute Ischemic Stroke

Many Reports of Acute Brain Disorders like:

1. Encephalopathy,
2. Seizures,
3. Acute Disseminated Encephalopathy,
4. Neuroleptic Malignant Syndrome,
5. Post-Vaccine Encephalitis.

Were described Secondary to Covid-19 Vaccine.

Encephalopathy

Some patients developed Encephalopathy Following Administration of Covid-19 Vaccines.

Acute Encephalopathy is defined as Rapidly Evolving Disorder of the Brain. Acute Encephalopathy clinically manifests either with Delirium, Decreased Consciousness, or Coma.

Delirium

Delirium is characterized with fluctuating disturbance in attention and awareness.

Neuroleptic Malignant Syndrome

Neuroleptic Malignant Syndrome is a life-threatening complication of many antipsychotic drugs characterized by fever, altered mental status, muscle rigidity, and autonomic dysfunction.

Acute Disseminated Encephalomyelitis

Acute Disseminated Encephalomyelitis (ADEM) is an Acute Inflammatory Demyelinating Disorder of the central nervous system.

In the majority, ADEM is a post-infectious entity; in many cases, it even develops after Vaccination.

Transverse Myelitis

Acute Transverse Myelitis is an inflammatory spinal cord disorder that clinically manifests with the paraparesis/quadriparesis, transverse sensory level, and Bowel or Bladder Dysfunction.

Adenoviral vector-based Covid-19 Vaccines are more Frequently Associated with Causation of Transverse Myelitis.

Bell's Palsy

Several cases of Bell's palsy have occurred following Covid-19 Vaccination. The instances of Bell's Palsy Are Most Often Associated with mRNA Vaccines.

Other Cranial Nerve Involvement

In isolated instances, mRNA Vaccines were Found Associated with Olfactory Dysfunction, and 6th Cranial Nerve Palsy.

Otologic Manifestations

A variety of Otologic Manifestations has been noted Following Covid-19 Vaccination.

Acute Vision Loss

Santovito and Pinna reported an unusual patient, who developed Acute Visual Impairment following the 2nd dose of the Pfizer-BioNTech Covid-19 Vaccine. Prior to visual symptoms, patient experienced unilateral Headache.

He also reported:

1. Mild Confusion,
2. Asthenia,
3. Profound Nausea.

Guillain-Barré Syndrome

Guillain-Barré Syndrome is a post-infectious disorder of peripheral nerve manifesting with lower motor neuron type of sensory-motor quadriparesis.

The US Food and Drug Administration (FDA), has recently expressed its concern regarding a possible association between the Johnson and Johnson Covid-19 Vaccine with Guillain-Barré syndrome.

Post-Vaccination Guillain-Barré syndrome generally affects older adults within 2 weeks of Vaccine administration.

Myositis & Rhabdomyolysis

There are reports, which have indicated that Covid-19 Vaccines Have Potential to Damage the Skeletal Muscles as well.

Tan and colleagues described a patient with a known carnitine palmitoyltransferase-II deficiency disorder, who developed:

1. **Fever,**
2. **Vomiting,**
3. **Shortness of Breath,**
4. **Frank Haematuria,**
5. **Myalgia,**
6. **Muscle Weakness**

Within 4 hours of receiving AstraZeneca Covid-19 Vaccine.

Conclusion

A Wide Spectrum of Serious Neurological complications has been reported following Covid-19 Vaccination.

The most devastating Neurological Complication is Cerebral Venous Sinus Thrombosis.

Another major neurological complication of concern is Bell's Palsy that was reported dominantly following mRNA Vaccine Administration.

Transverse Myelitis, Acute Disseminated Encephalomyelitis, and Guillain-Barré Syndrome, are other severe unexpected post-Vaccination complications that can occur as result of molecular mimicry and subsequent Neuronal Damage." - in "Spectrum of Neurological Complications Following Covid-19 Vaccination", Fondazione Società Italiana di Neurologia, Neurol. Sci., January 2022.

Chapter 4

A Note On Vaccination

"We have in the human body a wonderful system of circulation, in that it is threefold.

There is the:

1. Arterial and,
2. Venous circulation of the blood; and there is the 3rd circulation, called the
3. Lymphatic Circulation.

It is the last which here concerns us.

The Lymphatic Circulation has a series of channels, tubes or ducts, with a terminal drainage point in the veins on either side of the neck.

Associated with the lymphatic circulation, are hundreds of glands, technically called "nodes".

Now these nodes or glands are "traps"; and in case of emergency they retain, until sometimes overburdened, poisons that if allowed to escape through the system at once would produce almost instant death.

When these glands become blocked and overflow, as they do in extreme cases of Vaccine Poisoning, the blood circulation takes up the blockage products; and death from blood poisoning is the result.

In an ordinary Vaccination, the axillary glands in the armpit will be swollen and tender.

The swelling may disappear after 2 or 3 weeks, though it may persist for months and become chronic in type, and even develop into malignancy in the breast or the armpit.

A case reported by Dr Peebles MD, was the direct result of the toxin travelling up from the armpit, and forming a chronic suppurating wound in the glands under the jaw.

Gangrene of the hand, as referred to by Dr Hold, is another confirmation of the blockage of the circulation by chronic or indurated or even by suppurating lymphatic glands.

The lymph flow is as essential as the blood flow; and the poisoning of the Lymphatic System simply means the poisoning of the body tissues and organs.

Once the Lymphatic System is blocked, there is a systemic disturbance that involves the various organs of the body; and many patients state that their breakdown and ill health date from the time of Vaccination, or the poisoning of the body through blockage of the lymphatics.

Hundreds of persons have Died from this lymphatic poisoning following Vaccination.

It is a question whether or not a severe Vaccine Poisoning is not more difficult to clear than a venereal poisoning.

The sores following suppuration after Vaccination are almost impossible to heal in some instances.

As soon as wholesale Vaccination is ordered, we see cases of sore throat, Diphtheria, Measles and Mumps.

Nurses are rushed to the scene to look after patients whose temperature has been forced away above normal through this systemic pollution.

From a physical standpoint, this nation will crumble and fall if there is not a lessening in the amount of Vaccines and serums used.

This wholesale pollution has brought about nervous instability, lack of tone, vascular irregularities; and what else could happen, pray tell me, but growths, cancers, or heart failures.

Particularly note that Vaccination for smallpox, results in a lymphatic blockage due to an engrafting upon the human of the cells and pus from the bovine.

The bovine cell multiplies far more rapidly than the human cell.

Such a graft therefore must enormously overtax the human circulation, in having to harbour and harmonize, in a degree, this foreign cell life.

The very thought of grafting beast into human is so revolting that instinct as well as reason cries out against it.

Remember this: 6 swollen lymphatic glands in certain areas will make 1 ill.

A dozen will put you on your back; and 50 vital glands blocked may cause death.

Finally

To have a Vaccination scar is a reflection on the intelligence.

A scar following a solicited Vaccination signifies loyalty to Medical Superstition.

A scar from Forced Vaccination is a Brand, A Mark of Medical Tyranny and Despotism.

I would not be Vaccinated and take the risk of complications for a $10,000 draft on the Bank of England.

My children have never been Vaccinated, and I trust never will.

It is up to the mothers of the land to take a determined stand, and they should quickly End the Compulsory Vaccination of children without compulsion, the hideous practice would soon disappear." - Dr F. P. Millard, DO, in "What You Do When You Vaccinate", The Golden Age, 11 March 1925.

The Efficacy of the TB Vaccine Is 0%

"Switzerland was affected by a mumps epidemic from Autumn 1999 until Spring 2000.

The Swiss Federal Office for Health (BAG) eventually admitted, that more than 75% of those who contracted Mumps had been fully up to date with their Vaccinations.

No further comment is necessary here!

The main fear that is propagandised with regard to rubella is the rubella embryopathy.

What we are not told is, for example, that there were 4 cases of RE in Switzerland between 1995 and 2001 of which two women were fully Vaccinated against rubella.

The only protection a pregnant woman has from rubella is that she contracted rubella during her childhood.

We should therefore offer our girls the chance to contract rubella.

A tetanus Vaccination cannot possibly protect from the disease since the human organism cannot build up any immunity after contracting the disease (as is the same after HIB, diphtheria or TB).

So, if nature hasn't planned the immunity, how does the Vaccine work?

Furthermore, **the Tetanus Vaccination (as is the case with the Diphtheria Vaccine) is a so-called Toxoid Vaccine.**

The killed poison of the tetanus bacilli is injected into the body and meant to protect us.

But the human body cannot build up immunity against poisons.

How can the Vaccine protect us then?

The official statistics of the various countries show us that the Vaccine does not protect us.

The Robert Koch Institute in Germany admits that 2/3 people who contract tetanus have been fully Vaccinated.

The rate in Switzerland was 50% fully Vaccinated and still contracted the disease.

According to official reports, approximately 80% of adult people would have to be fully Vaccinated against diphtheria in order for this disease not to occur as an epidemic.

However, in the German speaking areas, less than 25-30% of adults are Vaccinated.

Why have there been no Epidemics?

Because **diphtheria requires certain socio-economic conditions for it to break out.**

These are war and poverty.

Russia and the Ukraine still experience diphtheria epidemics, despite the fact that more than 90% of people are fully Vaccinated (with a Swiss Vaccine!). This disease should not exist there, if the Vaccine protected.

During the 1960s, the WHO organised a field study in India in order to establish the efficacy of the TB vaccine.

Two groups took part in this study, each group comprising 375,000 people in the province of Madras.

One group was Vaccinated against TB; the other group was not Vaccinated. After 7 ½ years, in 1971, this field study was stopped, for "ethical" reasons. The conclusion of the study was:

> ***"The efficacy of the TB Vaccine is 0%". - in "Trial of BCG Vaccines in South India for Tuberculosis Prevention: First Report – Tuberculosis Prevention Trial", WHO Bulletin, 1979.***

Even though it is impossible to have any worse efficacy!

It took until March 1998 before Vaccination was stopped in Germany, October 1998 in Switzerland, and March 2000 in Austria.

Why did this news take more than 27 years to reach Europe?

I can only explain it this way: The WHO sent someone from Madras in 1971 on a walk to spread the good news of the inefficacy of this Vaccine all over the world.

As Europe is very far away, the poor man required much time. This walker, by the way, has not reached France yet, the Vaccine is still mandated for all new born babies.

The German speaking countries only stopped to vaccinate their own children. Foreign children are still vaccinated.

All infectious diseases decreased without vaccinations.

Not only did vaccines have no influence over the decrease of the diseases, the contrary is true, they slowed down the downward trend of all diseases.

The best example for this is polio.

After the majority of people were Vaccinated, severe epidemics occurred, such as in 1962 in the German speaking countries, after vaccination had been in full force for 3 years.

Dr Buchwald carefully collected the facts in his book, which prove this fact beyond doubt for all infectious diseases.

Chronic tendencies, such as recurring respiratory infections, often heal after measles. Chronic health problems disappear, such as psoriasis or chronic kidney problems.

The children's hospital in Basle (Switzerland) used to get children with chronic kidney infections to contract measles intentionally in order to heal them, up until the 1960s.

Children susceptible to infections are healthier and stronger after contracting measles; the need for medical treatment clearly decreases.

Children in the Third World countries are less likely to contract malaria and parasites after measles.

The risk to suffer breast cancer decreases to less than half.

MS is also much lower in people who had measles.

Hay fever is more rare in children who have older siblings and had measles than in those who were vaccinated against measles.

A large African study showed that children who have had measles are 50% less at risk from allergies than those Vaccinated.

Furthermore it is shown that experiencing measles protects from diseases of the immune system, skin diseases as well as degenerative cartilage, bone and tumourous diseases.

Observations by the Vienna surgeon Professor Schmidt, which took place over decades in his practice, **studies in the last 100 years have shown consistently that people who experienced childhood diseases accompanied by fever were less likely to suffer from cancer in later life."** - Anita Petek-Dimmer, founder of Aegis Switzerland, in "**Does systematic Vaccination give health to people?**", 2002.

Vaccination Gigantic Delusion

"I have here so presented the best of these statistical facts as to satisfy my readers of the certain and absolute uselessness of Vaccination as a preventive of small-pox; while these same facts render it in the highest degree probable that it has actually increased susceptibility to the disease.

The teaching of the whole of the evidence is in one direction.

Whether we examine the long-continued records of London mortality, or those of modern registration for England, Scotland, and Ireland; whether we consider the "control experiment" or crucial test afforded by unvaccinated Leicester, or the still more rigid test in the other direction, of the absolutely Revaccinated Army and Navy, **the conclusion is in every case the same: that Vaccination is a gigantic delusion; that it has never saved a single life; but that it has been the cause of so much disease, so many deaths,** such a vast amount of utterly needless and altogether undeserved suffering, that it will be classed by the coming generation among the greatest errors of an ignorant and prejudiced age, and its penal enforcement the foulest blot on the generally beneficent course of legislation during our century.

To talk of amending such legislation is a mockery.

Absolute and immediate abolition is the only rational course open to us. **Every day the Vaccination laws remain in force parents are being punished, infants are being killed. An Act of a single clause will repeal these vile laws; and I call upon every one of our legislators to consider their responsibilities as the guardians of the liberties of the English people, and to insist that this repeal be effected without a day's unnecessary delay.** - Professor Alfred Russel Wallace, in "Vaccination a Delusion", 1898.

"In many cases physicians become interested in the strict enforcement of the law because of the fees resulting therefrom. In the more populous districts the medical fees resulting from Vaccination are an important item. This mercenary motive has been the controlling factor in a sufficient number of cases which have come to the attention of this Department to justify the above assertion." *- Andrew S. Draper, Commissioner of Education, New York State, in "Fifth Annual Report", 25 January 1909.*

The Influenza Vaccine Farce

"The following figures relative to the results obtained after the use of Influenza Vaccine at the marine barracks, Paris Island, S.C., are furnished by the senior medical officer at the marine barracks, Quantico, Va.:

A draft of 756 men was received from Paris Island, in the early part of November.

Of these, 304 had **not been Vaccinated against Influenza, and 39 or 12.8% of them have since contracted the disease.**

452 men of this draft had **received from 1 to 4 inoculations of Influenza Vaccine, and 72 or 15.9% afterwards contracted Influenza** as follows:

After 1 inoculation, 11 out of 75 men (14.6%) developed Influenza.

After 2 inoculations, 30 out of 226 men (13.2%) developed Influenza.

After 3 inoculations , 8 out of 57 men (14%) developed Influenza.

After 4 inoculations, 23 out of 94 men (24.4%) developed Influenza." - in "Notes on the Present Epidemic of Influenza", Notes on Preventive Medicine for Medical Officers, United States Navy, Bulletin No.50, 9 November 1918.

"With reference to the results obtained after the use of Influenza Vaccine, Lieut. Commander W. L. Mann, M.C., U.S.N., the post surgeon, marine barracks, Quantico, Va., reports as follows: ***"The effects of Influenza Vaccine on the severity of the disease. - A study of the severity of the disease in those not vaccinated in comparison with those who had received Vaccine indicates that Vaccination did not have any marked influence upon the course and severity of the attack".*** *" - in "Notes on the Present Epidemic of Influenza", Notes on Preventive Medicine for Medical Officers, United States Navy, Bulletin No.51, 16 November 1918.*

A Note On Medical Trade Medication

"A patients group representing several British victims has launched legal action against the Spanish government over claims it failed to safeguard people against the potentially fatal side effects of one of the country's most **popular painkillers, involved in a series of serious illnesses and deaths.**

The drug metamizole, commonly sold in Spain under the brand name Nolotil, is banned in several countries, including Britain, the US, India and Australia.

It can cause a condition known as agranulocytosis, which reduces white blood cells, increasing the risk of potentially fatal infection.

Adverse reactions to the drugs have led to Sepsis, Organ Failure and Amputations.

It has identified about 350 suspected cases of agranulocytosis between 1996 and 2023." - in "'They thought I had cancer': painkiller banned in UK linked to Britons' deaths in Spain", The Guardian, 26 November 2023.

Influenza, Its Cause, Prevention and Cure

"It has been assumed that bacteria are the direct, primary causes of most diseases, and, therefore, the slogan is now:

> ***"Kill the Bacteria (by poisonous antiseptics, serums and antitoxins) and you will cure the disease."***

But germs cannot be the cause of disease, because disease germs are also found in healthy bodies.

Micro-organisms are only secondary manifestations of disease; bacteria and parasites live, thrive and multiply to the danger point in an already weakened and diseased organism only; if this were not so, the human family

would be extinct within a few months time.

Bacteria are practically omnipresent; we absorb them in food and drink; we inhale them in the air we breathe; our bodies

are literally alive with them, and the last stages of digestive processes

depend upon the activity of millions of bacteria in the intestinal tract.

The more congenial and morbid the soil the greater the growth of micro-organisms - in their own peculiar congenial kind.

Thus typhoid baccillus thrives in a certain kind of effete matter which accumulates in the intestines; pneumonia bacilli in catarrhal secretions of the lungs; meningites bacilli in diseased meninges of the brain and spinal cord, and so on.

The inability of bacteria, by themselves, to create diseases is absolutely confirmed by the well-known facts of natural immunity to specific infection or contagion, but under the almost universal present conditions of lowered vitality, morbid heredity and physical and mental degeneration, caused by the disregard of nature's immutable laws, and the suppression by poisonous drugs, serums, antiseptics, needless destructive surgical operations, suggestion, or any other suppressive treatment, it is found that under identical conditions of exposure to drafts, climatic changes, or infection, a certain percentage of individuals will catch "The Spanish Influenza" and others will remain immune.

The development of the infectious disease necessitates a predisposition (disease diathesis), and this predisposition is the real and only cause of the disease, brought about by accumulations of waste, morbid matter, serums, vaccines and poisons in the system, all of which lower the vitality and recuperative power.

Therefore, to try to kill the germs and not remove the cause (the morbid matter in which the germs live, and accumulate) is an absolute fallacy.

All our energies must be concentrated, not upon the

killing of germs, whose presence we cannot escape, but upon the quick elimination out of the system of the primary cause of the disease the morbid encumbrances and breeding ground for the germs - so as to restore natural immunity to destructive germ activity.

Every method of treatment that tends to accomplish this (without injuring the system by suppressing symptoms and creating new disturbances by the use of poisonous drugs) is good treatment, while all other methods for the direct killing of germs and not for the removal of the cause of the accumulation of germs, is bad, useless and harmful treatment.

Overcome the lowered vitality, the abnormal composition of blood and lymph, and the accumulation of waste, morbid matter and poisons in the system, and the germ cannot thrive.

Nature is really benevolent in its warnings, whenever its laws are transgressed.

"Give me a fever and I can cure every disease", thus Hippocrates, the Father of Medicine, expressed the fundamental Law of Cure over two thousand years ago, and it means that "every acute disease is the result of a cleansing and healing effort of nature (fever)."

And this law, when thoroughly understood and applied to the treatment of disease, will in time transform medical empiricism and confusion of the past and present into an exact science by demonstrating the unity of disease and treatment.

It means that all acute diseases from simple Cold to Measles, Smallpox, Diphtheria, Pneumonia, including Spanish Influenza, represent nature's effort to repair injury and to remove from the system morbid matter, poisons or micro-organism dangerous to health and life.

To suppress these efforts of nature for the elimination of morbid matter, before they have run their natural course, means to suppress nature's purifying and healing efforts and to cause fatal complications; thus, in influenza, the suppression of symptoms (the fever) by inorganic or poisonous anti-fever drugs will stop elimination of

morbid matter temporarily until later, in another effort of nature to eliminate the morbid matter (the natural channels of elimination — the skin, bowels, kidneys and glandular structures being made inactive by the use of Paralysing Poisonous Drugs, the whole burden of elimination is thrown on the lungs and bronchi.

We then see the development of Pneumonia.

In other words, every suppressive treatment of symptoms (in the case of influenza, the fever) involves the danger of concentrating the disease poisons in vital parts and organs, thus laying the foundation for destructive processes, or chronic diseases.

Therefore, there is nothing gained by suppressing elimination of morbid matter by opiates, astringents, antiseptics, germ-killers and antipyretics, for such a procedure interferes with nature's purifying efforts and adds drug poisons to disease poisons, causing fatal destruction.

What then can be done in these times of "Bacteriophobia", or the fear instilled in the public by the germ theory?

We must start the work of body - cleaning, not by the fallacious method of directly killing the germs by poisons, but by removing the primary cause of the life of the germ with the removal from the system of the morbid encumbrances by absolute natural, harmless methods to assist nature in its cleaning efforts.

How is this accomplished?

By the simple use of Cold Water, Diet, Fresh Air, and all the Natural Methods of Healing, be it Osteopathic Manipulation, Chiropractic Adjustment, Swedish Massage, and Non-Poisonous Organic Medicinal Remedies of the different medical schools which will build up the blood on a normal basis and supply the system with the all-important mineral salts in organic form.

The vegetables and fruits, the unadulterated dairy products, and coarse cereals, are eliminators, antiseptics, blood purifiers, laxatives, and these should be eaten to rid

the body of morbid matter. Shun the fats and oils, the meats and sweets, tea, alcohol, pickles.

When the process of fever, sets in (which is nature's cleaning effort), do not use poisonous drugs to suppress the elimination, but help nature throw the morbid matter quickly off, take a tepid Enema twice a day, live during the fever process on orange juice - a sip now and then - no other food whatever.

Control the fever by cold water packs-temperature, natural from the hydrant (no ice compresses or bags, for they suppress and are as poisonous as anti -fever medicines).

Use the short body pack-cold water; never use hot water. It is taken as follows:

Take a bed sheet, fold it lengthwise; four double, dip in natural cold water (no ice water), wring it out.

Now, first spread over the bed a woollen blanket just large enough to reach from under the armpits to over the hips, spread over this the folded sheet dipped in water and wrung out, lie down with the back on the cold sheet, wrap it smooth around the body from under armpits to over hips; now wrap the dry blanket over and around the sheet and pin with three safety pins.

The wet sheet must not protrude at any place from under the blanket.

Cover the body with the natural covering and lie quiet.

This compress will: Reduce any inflammation; restore normal circulation , and lower the high temperature, but not entirely to normal, for the process of elimination must continue in order to do good and expel morbid matter.

Watch the temperature and if the lowering process stops, remove the cold pack and give a quick, cold sponge bath.

Repeat every time the fever rises, and remove the pack as the lowering stops.

This process will, in a few days, make the patient entirely recover and leave him or her in a better condition than ever before, because the system is then rid of a great deal of the morbid encumbrance causing the disturbance.

Cold water, diet and fresh air is sufficient for the treatment of all acute conditions; it is absolutely safe and sane if used accurately, by the physician (no matter of what school), providing he knows nature's immutable laws and does not suppress disease manifestations by dangerous, poisonous or inorganic drugs, and uses in his practice all the natural, powerful non-poisonous, non-suppressive agencies for the quick relief of the influenza, or any acute disease, and the restoration to health." - Dr R. V. Thirion, MD, Buffalo, NY, in "Influenza, Its Cause, Prevention and Cure by Natural Methods", "North American Journal of Homeopathy", March 1919.

All For Health Liberty

"The New York "Globe", in a recent issue, calls attention to the claims of the drugless physicians, of which there are several hundred in New York, that throughout the entire Influenza Epidemic, not one of their patients was lost.

In other words, these doctors maintain that all their influenza patients recovered?

The very suggestion is appalling, staggering!

For if it be truth, we are justified in assuming that if all the victims of influenza had been treated by these methods, this country would be richer by nearly a half million lives.

Think of it!

400,000 people estimated as having died of influenza would be alive and well today!

Why not have a governmental investigating committee composed of non-medical men who would investigate without prejudice the claims of all the various schools of medicine?

Why cannot we have the truth about a matter which concerns us so vitally?" - in "North American Journal of Homeopathy", February 1919.

"Editorial printed in "The International Brief and Journal", and formerly extensively distributed, the

"Drugless" physicians of Camden and South Jersey were much interested in the proceedings of the mass meeting of drugless doctors held in Philadelphia to open a campaign for legislation to legalize drugless therapeutics.

Dr W. Wallace Fritz, MD, an old member of the "American Medical Association", urged the enactment of a law to place drugless therapy on an equal plane with any other form of healing.

During the Influenza Epidemic, this is what we can show for Pennsylvania:

1. Out of 2,708 cases throughout Pennsylvania treated without any drugs whatever, there were only 7 deaths.

2. In Philadelphia there were 1,026 of such druglessly attended cases, and the deaths were 5.

3. In Pittsburgh out of 1,227 cases there were 2 deaths.

4. In Erie 321 cases were so treated and there was not a single death." - in "North American Journal of Homeopathy", February 1919.

"In view of the well grounded science of applied homeopathy, its century of splendid record, its recognition and instruction by the several universities in America, it is unbelievable that we are forced to admit the positive dictatorship of Allopathic control; to ignominiously acknowledge in a free country the suppression of all freedom and initiative in medical practice when accepting rank in the medical service of the nation." *- in "North American Journal of Homeopathy", February 1919.*

Only Nature Can Cure

"Under the Headline "Doctors Admit Nature Is Their Best Assistant", the Chicago Daily Tribune, 12 December 1918, reports the proceedings of a joint meeting of the American Public Health Association, and the Chicago Medical Society.

We expect breezy things from our Chicago friends and are not disappointed, as the following illuminating example of frankness will show:

> ***"Old Mother Nature may yet win out as the greatest physician and nurse of them all."***

After various serums and drug treatments for influenza had been discussed the opinion was expressed by several physicians that until a specific cure was found it would be better for the physician to step aside and let nature work unhindered.

> ***"Prove all things and hold fast to that which is good. We are nature's skilled assistants. A tremendous amount of damage is done by interfering with nature, when nature would have done better if she had been let alone.*** *After 25 years in practice I felt like a disciple of Shakespeare: throwing physic to the dogs." - President Charles J. Hastings quoted as his lesson of the evening.*

This is fine, especially for the Manufacturers of Coal Tar Derivatives, to whom the Influenza Epidemic has proved a Gold Mine.

Frank confession is good for the soul hence Dr Goldsmith unburdens himself thusly:

"We have very little power over pneumonia.
I am convinced that as many patients have been killed by physicians as have been cured.
I did my share of killing when I was in a hospital giving whiskey, strychnine, etc. If they had been let alone they would have recovered.
During the last 10 years I have let my patients alone. Don't bother about stimulation.
And so the art of medicine consists in the entertainment of patients, while nature effects a cure."

- in "North American Journal of Homeopathy", February 1919.

The Treatment of Influenza: Hundreds of Cases Without the Loss of a Single Individual

"During the world pandemic of Influenza, the death rate under regular orthodox treatment has been simply enormous, while under Homeopathic treatment it has been very small.

Hundreds of Homeopathic physicians have treated hundreds of cases without the loss of 1 single individual.

Why should not the Government also compel every individual having Influenza to be treated homeopathically?

Why not Imprison Physicians for failing to prescribe homeopathically in "Flu" and Pneumonia?

To the editor of one of the medical journals a medical officer wrote from camp a confidential letter expressing his great discouragement on account of the limitations and restrictions of therapeutic measures in the medical branch of the service; the paucity of the number of drugs and the absence of those he was accustomed to use in private practice.

It was reported that another Medical Officer not a homeopath nor a drugless practitioner, but evidently a progressive man, **told his superior officer that he would not administer the routine treatment for Pneumonia, that rather than do so he preferred to be court-martialed, imprisoned, or even shot.**

It is generally conceded that the regular Medical Trade Treatment of Pneumonia in the army, as well as in private life, was very unsatisfactory.

Persons holding most diverse therapeutic views generally agree to this.

The opinion is common that the graduates of so-called "low grade medical schools" could hardly have done worse than the recent graduates of the so-called "regular" A+ schools, who have been well taught everything in the realm of medical science except how to heal the sick.

Recently during a conversation with a very successful physician located in a small western city he incidentally told me he had an assistant who was a graduate of a first-class university, a graduate of a well known A+ medical school and had served a year in a large hospital.

We asked: "How does he do?"

"Not at all at first", he replied.

"Why?" "Because he did not know anything practical.

He was super-educated; you know **Johns Hopkins and some other double+ schools have banished Therapeutics from their Curricula.**

The Health Commissioner of Chicago, who is not a homeopath, has had the Prescriptions on file in more than 1,000 Drug Stores in Chicago inspected, and their Ingredients Tabulated.

In language that is astonishingly frank and bold he intimates that thousands of the victims of Influenza, and Pneumonia were actually killed by the use of Aspirin, Morphine, Coal Tar Preparations (Medical Trade Pharmaceuticals), and other remedies.

In Pneumonia, the mortality rate given in works on "regular" (Medical Trade) practice, is from 25% to 30%; that is out of 4 persons seized with Pneumonia 1 will Die.

During the recent influenza and pneumonia epidemic the mortality is said to have even reached 40% or 50% in some localities under "regular" (Medical Trade) Treatment.

On the other hand, during the same epidemic, and even for a hundred years past, Homeopaths have claimed a mortality that scarcely reached 5%.

They have also claimed **during the recent epidemic that the greater part of their mortality in Pneumonia was in cases that had been previously treated with huge doses of some of the Drugs mentioned by Chicago's Commissioner of Health**; that it was a rarity for a case of Pneumonia to prove fatal that received Homeopathic treatment and no other from the very beginning of the attack.

It has been estimated that if before the great "Flu" epidemic every physician in the United States had possessed a knowledge of the homeopathic materia medica relating to pneumonia and influenza the living population of the United States today would be at least 100,000 greater.

Public opinion since the "Flu" Epidemic is such that it is no asset to a physician to announce himself as a "regular", (Medical Trade).

He might almost as well announce himself Pro-German." - in "Chicago Soldier gets Long Sentence", reported by the Associated Press, North American Journal of Homeopathy, January 1919.

Experiences With the Epidemic

"I was called on 2 cases of Pneumonia after the MD's had lost out — one a case of Pleuro-Pneumonia and the other a case of Bronchial Pneumonia.

Today, both are well and happy.

In handling Pneumonia cases I treat them in the morning and then again in the evening, twice a day, confining myself principally to the cervical and upper dorsal areas, not forgetting the bowels and kidneys to see that they are active.

Keep patient in a comfort able room well ventilated; temperature about 21 C.; aver age fever from 39 to 40.5 C.; duration from 2 to 5 days.

I never worry about a fever because I believe it has some function to perform.

Diet, plenty of Water, Orange Juice in the morning.

If patient wants anything else you can give a little clam or chicken broth, egg

soup, milk and ice cream provided it is held in the mouth until it is melted and not allowed to enter the stomach cold.

If the patient does not want any food do not give it or suggest it — they will not starve — when the system needs it, it will call for food.

A little girl 8 years old had "Flu."

For 3 days the temperature remained at 40.5 C. and I was unable to reduce it; bowels were active every day, apparently normal.

I decided to use the Enema as stated herein after the 3rd day.

Gave 1 low and 3 and 4 High Enemas morning and night.

After 48 hours the patient passed a number of hard balls surrounded with a fur-like appearance when broken open resembled a puff hall. Odour extremely bad.

Temperature dropped immediately and patient rapidly got well.

I had 3 cases of Pneumonia, one, a little baby, 7 months old, the other 2 were

women between 65 and 70 years old.

The 3 had well-defined symptoms of Pneumonia.

I was called immediately and in 24 hours all symptoms had pretty well cleared up, and in 1 week patients were able to be up again." - Dr George H. Merkley. DO, New York, N.Y., in "Journal A.O.A.", February, 1918.

Vaccination Is Barbarous Practice The Most Fatal of All The Delusions Current In Our Time

"Vaccination is a barbarous practice and one of the most fatal of all the delusions current in our time.
Conscientious objectors to Vaccination should stand alone, if need be, against the whole world, in defense of their conviction."- *Mahatma Gandhi, in "A Guide to Health", 1921.*

In Essence The Law Tacitly Acknowledged That Vaccines Can Injure And Kill

"As a result, t**hey have multiple Deleterious Effects, including Death.**

The effects lead to thousands of Deaths a year and untold Disabilities.

The culture has become anesthetized to this level of human waste and accepts it as "the cost of doing business."

As a result of this utilitarian mind set the metrics for measuring the value of a life become no more than an actuarial notation in a Pharmaceutical Drug Company ledger.

In the case of Vaccine Damage, the cost is passed indirectly onto the taxpayer and directly onto the parents, who bear the brunt and the cost of each damaged child.

The National Childhood Vaccine Injury Act (PL99-660) was signed into law by President Ronald Reagan in 1986.

In essence the law tacitly acknowledged that Vaccines Can Injure and Kill individuals by creating a Federal Vaccine Injury Compensation System.

However, federal health officials at the HHS have moved to systematically gut the law by using tax supported lawyers from the Department of Justice to fight these claims.

The taxpayers are paying government lawyers to protect the profits of the Drug Industry rather than the lives and health of American children, 3 out of 4 Vaccine Injured Children are turned away, and more than $1 Billion sits idle in the Vaccine Injury Trust.

The impression is created by the Medical Establishment, that diseases such as adult onset diabetes, hypertension and even cancer cannot be cured and must be managed with lifelong drug intervention.

Not fully understanding that many chronic diseases can be reduced or reversed with lifestyle and diet modifications as well as biological compensatory therapy, many people accept the irreversibility of their disease diagnosis.

This creates a practically limitless repeat customer base for both physicians and the drug companies.

For profitability, diseases are managed, they are not cured.

Just as the British East India Company learned from selling opium to the Chinese creating a market with repeat customers who demand and need your product is immensely profitable.

It is the essence of "free trade."

Medical Myths are then created, with aggressive enthusiasm, while denying the public accurate information about less expensive, but more valuable compensatory therapies." - Dr Nancy Turner Banks, MD, in "AIDS, Opium,

Diamonds, and Empire; The Deadly Virus of International Greed", 2010.

Harms & Deaths by Medical Trade Pharmaceuticals

"It has been 23 years since the Institute of Medicine, sounded the alarm on patient safety, indicating that "health care is not as safe as it should."

That assertion was based on studies that estimated that every year, at least 44,000, and perhaps as many as 98,000, individuals Die in American hospitals due to Medical Errors.

The report found that 43% of preventable overall Patient-Harm Events were related to Medications.

The report estimated that 10% of the adverse events contributed to Medicare Patient Deaths.

This translates to 14,800 patients in October 2018." - in "Patient Harm Remains Pervasive in Hospitalized Medicare Patients, a New Federal Report Shows", Public Citizen, November 2022.

"The clients is paying for something with no effect or with the potential for an adverse reaction.
I believe that adverse effects are increasing, because we are putting more and more components into these animals." *- Dr Ronald D. Schultz, Professor and Chair of the Department of Pathobiological Sciences, University of Wisconsin, in "Are We Vaccinating Too Much?", Journal American Veterinary Medical Association, 15 August 1995.*

"In bed with Big Pharma: Corruption fears as report finds US Doctors received record $12 Billion in Pharma payments in past decade." *- in "Daily Mail", 3 April 2024.*

Vaccines Causing The Disease They Are designed To Prevent

"Incomplete Vaccine attenuation or Vaccination of an immunosuppressed host can result in modified live Vaccines causing the disease they are designed to prevent.

Examples of this problem are feline respiratory vaccines causing a mild upper respiratory tract disease after immunisation, and the development of post Vaccinal encephalitis subsequent to canine distemper Vaccination.

An even more alarming example is Vaccine induction of clinical rabies (Esh et al., 1982, Pedersen et al., 1978)." - Tom R Phillips and Ronald D Schultz, in "Current Veterinary Therapy" XI, 1992.

"Immune-mediated Disease has developed in human beings following Vaccination, as was seen with cases of Guillain-Barre Syndrome following Swine Flu Vaccinations, and Rheumatoid Arthritis following Influenza Vaccination.

In many cases it is impossible to show a direct connection between the damage and a Vaccine, since it is the accumulation of many antigens over many years that results in clinically evident disease." - Dr Ronald D Schultz, in "Are We Vaccinating Too Much?", Journal of the American Veterinary Medical Association, 15 August 1995.

A Man and His Money "Adventures in Spending" to Medical Causes

"The name of Rockefeller is known to every American.

His career included a variety of aspects in the development of great utilities, in financial manipulation, in benefactions to Education and Health.

The chief interest for the physician is obviously in those sections which concern endowment for Public Health and Medical Science.

These are all covered in the second volume, and largely in the final section, which is entitled: "A Man and His Money."

Particularly interesting is the story of the founding of the University of Chicago.

Under "Adventures in Spending" comes the inside story of the Rockefeller gifts to Medical Causes.

Apparently the reading by Gates of Osler's "Principles and Practice of Medicine", was the determining incident.

In July 1897 he brought this book by Osler to the office at 26 Broadway, and there dictated for Rockefeller a Memorandum regarding his views concerning the necessity for Research in Medicine.

It was first anticipated that a Research Institute would be associated with the University of Chicago.

When John D. Rockefeller Jr. had a conversation with L. Emmett Holt and several others in New York there came the stimulus for the establishment of the Rockefeller Institute.

Every step in the creation of the institute is carefully followed.

Then come the stories of other great philanthropies, including the establishment of the General Education Board." - in "The Heroic Age of American Enterprise", Journal of the American Medical Association, 5 April 1941.

Chapter 5

The Health of Vaccinated Versus Unvaccinated Children

"A major current controversy is the question of whether **Vaccination plays a role in Neurodevelopmental Disorders (NDDs), which broadly include Learning Disabilities, Attention Deficit Hyperactivity Disorder (ADHD), and Autism Spectrum Disorder (ASD).**

The Silent Pandemic of Neurotoxicity

The U.S. is experiencing what has been described as a "Silent Pandemic" of mostly subclinical developmental Neurotoxicity, in which about 15% of children suffer from a:

1. Learning Disability,
2. Sensory Deficits, and
3. Developmental Delays.

In 1996 the estimated prevalence of ASD was 0.42%.
By 2010 it had risen to 1.47% (1 in 68).
More recently, based on a CDC survey of parents in 2011–2014, 2.24% of children (1 in 45) were estimated to have Autism Spectrum Disorder.
Prevalence rates of Attention Deficit Hyperactivity Disorder (ADHD) have also risen markedly in recent decades.

Otitis Media And Pneumonia

The Vaccinated were significantly more likely than the unvaccinated to have been diagnosed with Otitis Media and Pneumonia.

Chronic illness

Vaccinated children were significantly more likely than the Unvaccinated to have been diagnosed with the following:

1. Allergic Rhinitis,
2. Other Allergies,
3. Eczema/ atopic dermatitis, a
4. Learning Disability,
5. Attention Deficit Hyperactivity Disorder (ADHD), any
6. Neurodevelopmental Disorder (i.e., learning disability, ADHD or ASD), and
7. Any Chronic Illness.

Partial Versus Full Vaccination

Partially Vaccinated children had an intermediate position between the fully Vaccinated and Unvaccinated in regard to several but not all health outcomes.

For instance **the partially Vaccinated had an intermediate (apparently detrimental) position in terms of:**

1. Allergic Rhinitis,
2. Attention Deficit Hyperactivity Disorder (ADHD),
3. Eczema,
4. Learning Disability.

Use of Medications and Health Services

The Vaccinated (combining the partially and fully Vaccinated) were significantly more likely than the Unvaccinated to use medication for allergies, to have used antibiotics in the past 12 months, and to have used fever medications at least once.

The Vaccinated were also more likely to have seen a doctor for a routine checkup in the past 12 months, visited a dentist during the past year, visited a doctor or clinic due to illness in the past year, been fitted with Ventilation ear tubes, and spent one or more nights in a hospital.

The Vaccination Program Contributing Risks of Childhood Morbidity

The apparent "dose-response" relationship between Vaccination status and several forms of Chronic Illness, and the Significant Association Between Vaccination and Neurodevelopmental Disorders all support the possibility that some aspect of the current Vaccination Program could be Contributing to Risks of Childhood Morbidity. Vaccination also remained Significantly Associated with Neurodevelopmental Disorder after controlling for other factors, whereas preterm birth, long considered a major risk factor for Neurodevelopmental Disorder (NDD), was not associated with NDD after controlling for the interaction between preterm birth and Vaccination. **In addition, preterm birth coupled with Vaccination was associated with an apparent synergistic increase in the odds of Neurodevelopmental Disorder** above that of Vaccination alone." - in "Pilot Comparative Study on the Health of Vaccinated and Unvaccinated 6- to 12-year-old U.S. Children", Journal of Translational Science, 2017.

Increased of Chronic Health Conditions From Vaccine Exposures

"Remarkably, 0 of the 561 Unvaccinated patients in the study had Attention Deficit Hyperactivity Disorder (ADHD) compared to 0.063% of the (partially and fully) Vaccinated. **The implications of these results for the net public health effects of whole-population Vaccination and with respect for informed consent on human health are compelling. Our results give agency to calls for research conducted by individuals who are independent of any funding sources related to the Vaccine Industry.** While the low rates of developmental disorders prevented sufficiently powered hypothesis testing, it is notable that the overall rate of Autism Spectrum Disorder (0.84%) in the cohort is half

that of the US national rate (1.69%). The practice-wide rate of ADHD was roughly half of the national rate.

The data indicate that Unvaccinated children in the practice are not unhealthier than the Vaccinated, and indeed the overall results may indicate that the Unvaccinated pediatric patients in this practice Are Healthier overall than the Vaccinated.

We could detect no widespread negative health effects in the Unvaccinated, other than the rare but significant Vaccine-targeted diagnosis.

We can conclude that the Unvaccinated children in this practice are not, overall, less healthy than the Vaccinated, and that indeed the Vaccinated children appear to be Significantly Less Healthy than the Unvaccinated.

We concur with Mawson et al., 2017, who reported:

> ***"Further research involving larger, independent samples is needed to verify and understand these unexpected findings in order to optimize the impact of Vaccines on children's health."***

We also concur with Hooker and Miller 2020, who wrote:

> ***"Further study is necessary to understand the full spectrum of Health Effects Associated with Childhood Vaccination".***

Other pediatric practices with variably Vaccinating populations should be studied using a methodology similar to ours to attempt to refute or validate our findings and those of Mawson et al., 2017, Hooker and Miller 2020, and **The Numerous Studies that have Reported Adverse health Following Vaccination.**

We are particularly interested in further study of the relationship between specific Vaccines and combination of Vaccines on specific outcomes as well as the relationship between the uptake of specific types of Vaccines—inactivated, live virus, and **aluminum-adjuvanted—with specific outcomes.**

Larger studies using electronic medical records from major medical institutions should be undertaken by research teams with no financial interest in the outcome of the studies (e.g., revenue from Vaccination and from treatment of Vaccine-related Adverse Outcomes).

Unintended and nonspecific consequences of Vaccination, such as Increased Risk of Chronic Health Conditions from Vaccine exposures, must also be examined to determine if for any Vaccine-targeted infection alternative methods of infection-avoidance or effective treatments that reduce disease sequela are available and preferable to Vaccination in various circumstances, as has been reported by Cowling et al., 2012 and by Wolff (Wolff, 2020).

Our findings are consistent with the concern that Vaccination may increase respiratory virus infection risk.

Our finding of a robust signal of anemia deserves follow up: aluminum is known to bind to transferrin and, in so doing, may interfere with the proper deposition of iron in the bones of children.

Iron deficiency can also contribute to febrile seizures, a known side effect of some vaccines.

Numerous studies conducted in the past have found an association of vaccination with adverse health effects.

Numerous studies reporting an Association of individual Vaccines with adverse study outcomes are too numerous.

For example, a prior study reported a vaccination association with asthma and allergy (e.g., Hurwitz and Morgenstern, 2000).

Lifestyle differences between the vaccinated and unvaccinated groups in this practice cannot explain the large difference in outcomes, and if they do, then it would be objective to conclude that everyone should adopt the lifestyle followed by the unvaccinated if they want healthier children.

That lifestyle choice includes, for many families, avoiding some or all vaccines, and thus, the lifestyle choice concern is inextricably linked to vaccine exposure.

We can conclude that the unvaccinated children in this

practice are not, overall, less healthy than the vaccinated and that indeed the vaccinated children appear to be significantly less healthy than the unvaccinated." - in "Relative Incidence of Office Visits and Cumulative Rates of Billed Diagnoses Along the Axis of Vaccination", Int. J. Environ. Res. Public Health, November 2020.

Vaccination Was Significantly Associated With Neurodevelopmental Disorders

"Preterm birth (defined as birth occurring before 37 completed weeks of gestation) is known as a major risk factor for neurodevelopmental deficits, including cerebral palsy, intellectual disability, cognitive and speech delays, motor deficits, and visual impairment associated with retinopathy of prematurity. In particular, preterm birth is the leading cause of neurodevelopmental disorders (NDD) and disability, including the development of Autism Spectrum Disorder (ASD), but the underlying mechanisms are not well understood. Preterm infants receive the same doses of the recommended Vaccines on the same schedule as term infants in order to protect them from several infections.

However, **the possible role of Vaccination in the development of NDD in premature infants has not been assessed, partly because pre-licensure clinical trials of pediatric Vaccines have routinely excluded ex-preterm infants, and because of the assumed overall safety of Vaccinations. To summarize the initial results of the study, Vaccinated children were significantly more likely to have been diagnosed with Pneumonia, Otitis Media, Allergies and NDD (that is, ASD, ADHD, and/or a Learning Disability). The Vaccinated were also more likely to use allergy medication, to have had Myringotomies with tube placement, visited a doctor for a health problem in the previous year, and been hospitalized at some time in the past.**

This study compared the birth histories and health outcomes of Vaccinated and Unvaccinated children and sought to determine the association, if any, between Vaccination, preterm birth and Neurodevelopmental Disorders (NDD).

Vaccination (i.e., receipt of 1 of more of the recommended Vaccines) was significantly associated with NDD, while preterm birth without Vaccination was not.

Preterm birth coupled with Vaccination, however, was Associated with a synergistic increase in the odds of NDD, suggesting the possibility that Vaccination could Precipitate Adverse Neurodevelopmental outcomes in preterm infants.

These results provide clues to the epidemiology and causation of NDD but question the safety of current Vaccination programs for preterm infants." - in "Preterm birth, vaccination and neurodevelopmental disorders: a cross- sectional study of 6- to 12-year-old Vaccinated and Unvaccinated children", Journal of Translational Science, 2017.

Written Evidence From John Stone (Age of Autism)

"[1] Vaccines are mentioned as one strategy against antimicrobial resistance (1) and this submission seeks to caution against the idea of substituting one kind of over-medication with another (Age of Autism is an on-line newspaper concerned with the publicly unaccounted Adverse Effects of Vaccination).

[2] In the United Kingdom, an infant already receives by 12 months on the routine schedule (2):

DTaP, Polio, HiB, HepB+Rotavirus+13 Strain Pneumococcal+MenB (8 weeks)

DTaP, Polio, HiB, HepB+Rotavirus (12 weeks)

DTaP, Polio, HiB,HepB+13 Strain Preumococcal+MenB (16 weeks)

13 Strain Pneumococcal+MMR+HiB, MenC

[3] In 2011 Miller and Goldman reported (3): **"The Infant Mortality Rate (IMR) is one of the most important indicators of the socio-economic well-being and public health conditions of a country.**

The US childhood immunization schedule specifies 26 Vaccine doses for infants aged less than 1 year—the most in the world—yet 33 nations have lower IMRs. Using linear regression, the immunization schedules of these 34 nations were examined and a correlation coefficient of $r = 0.70$ ($p < 0.0001$) was found between IMRs and the number of Vaccine doses routinely given to infants. Nations were also grouped into 5 different Vaccine dose ranges: 12–14, 15–17, 18–20, 21–23, and 24–26.

The mean IMRs of all nations within each group were then calculated. Linear regression analysis of unweighted mean IMRs **showed a high statistically Significant Correlation Between Increasing Number of Vaccine Doses and Increasing Infant Mortality Rates**, with $r = 0.992$ ($p = 0.0009$).

Using the Tukey-Kramer test, **statistically significant differences in mean IMRs were found between nations giving 12–14 Vaccine doses and those giving 21–23, and 24–26 doses. A closer inspection of correlations between Vaccine doses, biochemical or synergistic Toxicity, and IMRs is essential."**

[4] There is presently no hard science supporting the general expandability of the programme and its safety despite several hundreds of products in the pipeline (4) all waiting to be licensed, recommended and in many other countries mandated.

Often in the last decade, and even quite recently British health officials (including Prof David Salisbury (5), Sir Liam Donaldson (6) and Prof Elizabeth Miller (7)) were apt to cite the 10,000 Vaccine doctrine of Prof Paul Offit (8) in order to reassure the public.

There were several obvious things wrong with Offit's claim that 10,000 or 100,000 Vaccines administered to an infant in one go might be safe.

Offit was comparing routine exposure to environmental pathogens, with cocktails of serious disease derived pathogens; it took no account, for example, of the use of adjuvants to boost the antigens and the route of administration was nothing like routine exposure to pathogens in the environment i.e. in most cases injected when normally we have skin, the digestive system, the lungs which have evolved to protect us (9).

[5] Last year I was attacked by the Every Child By 2 website (10), to which Offit is an advisor (11) and executive member (12), for suggesting he ever meant it literally (despite copious evidence (9, 13)), so the doctrinal/theoretical basis for the safety of the expanding programme seems to have evaporated, without it being replaced by anything else.

[6] There can be no assumption that Vaccines boost general resistance, and publications from the team led by Aaby and Benn suggest negative possibilities (14, 15, 16).

[7] **Recent studies have questioned whether pneumococcal Vaccines actually result in a reduction of pneumococcal illness, or make the problem worse.** For instance, Vila-Corcoles reported in a study of more than 2m middle-aged and elderly adults in Catalonia (17):

"After multivariable adjustments we found that the PCV13 Vaccination did not alter significantly the risk of pneumococcal pneumonia (multivariable-adjusted hazard ratio [mHR]: 1.17; 95% CI: 0.75–1.83; $p = 0.493$) and all-cause death (mHR: 1.07; 95% CI: 0.97–1.18; $p = 0.190$), although **it remained significantly associated with an increased risk of all-cause pneumonia** (mHR: 1.69; 95% CI: 1.48–1.94; $p < 0.001$). In stratified analyses focused on middle-aged or elderly persons and immunocompromised or immunocompetent subjects, PCV13 **Vaccination did not appear effective either."**

[8] In Mawson's small but ground-breaking **Vaccinated vs. Unvaccinated study of home-schooled children (18) it was found that 1.2% of Unvaccinated children had had Pneumonia against 6.4% Vaccinated, while 5.8% Unvaccinated had had Otitis Media against 19.8 Vaccinated. However unpalatable it is to health officials and Vaccine Manufacturers it is urgent that this study** – which looked at the effects of general Vaccination against a range of health outcomes - be expanded.

[9] **Vaccines may offer no panacea to the problem of antimicrobial resistance, will interact with it in unpredictable ways, and likely make it worse. Politicians need to be wary of being railroaded by industry objectives which are a matter of commercial exploitation and not the public good.**

Footnotes:

1. Jim O'Neill etc., Tackling Drug-Resistant Infections Globally: The Review on Antimicrobial Resistance, May 2016, 'Intervention 6: Promote development and use of vaccines and alternatives', p.40-3 https://amr-review.org/sites/default/files/160518_Final%20paper_with%20cover.pdf

2. Childhood Vaccines timeline nhs.uk/conditions/vaccinations/childhood-vaccines-timeline/

3. Miller NZ & Goldman GS, Infant mortality rates regressed against number of Vaccine doses routinely given: Is there a biochemical or synergistic toxicity?, Human and Experimental Toxicology May 2011, http://journals.sagepub.com/doi/10.1177/0960327111407644

4. Medicines in Development for Vaccines (sic), "Washington, D.C. (20 April 2012) America's Biopharmaceutical research companies are developing nearly 300 Vaccines."

5. John Stone, What David Salisbury said and the DOH's position on multiple vaccine safety, BMJ Rapid Responses 20 September 2004, www.bmj.com/rapid-response/2011/10/30/what-david-salisbury-said-and-dohs-position-multiple-vaccine-safety

6. John Stone, Irresponsible claims about Vaccine safety? Questions for Sir Liam Donaldson and Prof Lewis Wolpert, BMJ Rapid Responses 3 July 2004, www.bmj.com/rapid-response/2011/10/30/irresponsible-claims-about-vaccine-safety-questions-sir-liam-donaldson-and

7. Elizabeth Miller, Controversies and challenges of Vaccination: an interview with Elizabeth Miller, BMC Med. 2015; 13: 267. www.ncbi.nlm.nih.gov/pmc/articles/PMC4608187/ Miller can make a rhetorical defence: "Despite strong arguments against the overload hypothesis." but of course an argument is not evidence. The citation is to the Offit article.

8. Offit PA, Quarles J, Gerber MA, Hackett CJ, Marcuse EK, Kollman TR, et al. Addressing parents' concerns: do multiple Vaccines overwhelm or weaken the infant's immune system? Pediatrics. 2002;109:124–9. doi: 10.1542/peds.109.1.124.

9. Paul Offit, Are childhood Vaccines safe? www.youtube.com/watch?v=dQQ7izQOPdw Segment 27mins to 29.20.

10. Joel A Harrison, John Stone and the "Best of Age of Autism": Just Plain Wrong About Everything, 27 February 2017,www.ecbt.org/index.php/facts_and_issues/article/john_stone_and_the_best_of_age_of_autism_just_plain_wrong_about_everything

11. ECBT Advisory Board www.ecbt.org/index.php/about/article/scientific_advisory_board

12. ECBT Board

www.ecbt.org/index.php/about/article/board

13. For instance, a newsletter from Offit's hospital Children's Hospital of Philadelphia (CHOP) states: "No doubt about it, the immunization schedule recommended by the Centers for Disease Control and Prevention and the American Academy of Pediatrics (AAP) can seem daunting. Your child can receive up to 23 shots by the time she's 2 years old and as many as 6 shots at a single doctor visit. So it's not surprising that many parents have concerns about how Vaccines might affect a child's developing immunity and often cite these as a reason to refuse a Vaccine.

14. Aaby P, Whittle H, Benn CS, Vaccine programmes must consider their effect on general resistance, BMJ 2012; 344 doi: https://doi.org/10.1136/bmj.e3769 (14 June 2012)

15. Sankoh O et al, The non-specific effects of vaccines and other childhood interventions: the contribution of INDEPTH Health and Demographic Surveillance Systems, Int J Epidemiol. 2014 Jun;43(3):645-53. doi: 10.1093/ije/dyu101. Epub 2014 May 30.

16. Benn CS, Sorup S, Aaby P, BNJ Rapid Responses to Tielemans et al, Non-specific effects of measles, mumps, and rubella (MMR) Vaccination in high income setting: population based cohort study in the Netherlands, 20 September 2017, 16 November 2017 and 7 May 2018 www.bmj.com/content/358/bmj.j3862/rapid-responses

17. Vila-Corcoles A et al, Evaluating clinical effectiveness of 13-valent pneumococcal conjugate Vaccination against pneumonia among middle-aged and older adults in Catalonia: results from the EPIVAC cohort study, 18 December 2017, BMC Infectious Diseases201818:196, https://bmcinfectdis.biomedcentral.com/articles/10.1186/s12879-018-3096-7

18. Mawson AR, Ray B, Bhuiyan AR, Jacob B, Pilot comparative study on the health of vaccinated and unvaccinated 6- to 12- year old U.S. children, Table 2

Vaccination status and health outcomes – Acute Conditions, Journal of Translational Science, 24 April 2017, www.oatext.com/Pilot-comparative-study-on-the-health-of-vaccinated-and-unvaccinated-6-to-12-year-old-U-S-children.php#Article." - in "AMR0034", https://committees.parliament.uk/writtenevidence/92519/html/, UK Parliament, 2018.

Worthless Vaccines

"The report indicates that **there are 32 Biologic Drugs or Vaccines on the market today that are ineffective.**

All of those drugs have been on the market for at least 10 years; some have been sold for decades.

DMS has allowed all of them to remain on the market, even though many of them can cause serious side effects.

I have never seen a figure as to what the total dollar value of those Vaccines would be.

What was the cost of the Vaccines, which were either of little value or perhaps even harmful, and which were administered to people who felt they were being protected?

Dr Peter Isacson - Well, **I think it must be astronomical.**

I do not think I could give you an actual figure. **Since some of these appear from the investigation to have been on the market for 20 years, certainly it must add up.**

I have been impressed with the fact that **physicians and scientists** and so forth, have really a very marked discipline conceit, **they seem to think they can make all sorts of judgments on anything that is beyond their training."** - in "Consumer Safety Act of 1972: Hearings, Ninety-second Congress, Second Session, on Titles I and II of S. 3419", 1972.

Developmental Delays, Asthma, Ear Infections & Gastrointestinal Disorders

"Vaccination before 1 year of age was Associated with Increased Odds of:

1. Developmental Delays,
2. Asthma,
3. Ear Infections.

In a quartile analysis, subjects were grouped by number of Vaccine doses received in the first year of life. Higher odds ratios were observed in Quartiles 3 and 4 (where more Vaccine doses were received) for all 4 health conditions considered, as compared to Quartile 1.

In a temporal analysis, developmental delays showed a linear increase as the age cut-offs increased from 6 to 12 to 18 to 24 months of age. Slightly higher ORs were also observed for all 4 health conditions (Developmental Delays, Asthma, Ear Infections, Gastrointestinal Disorders) when time permitted for a diagnosis was extended from 3 years of age to 5 years of age.

In this study, which only allowed for the calculation of unadjusted observational associations, higher ORs were observed within the vaccinated versus unvaccinated group for developmental delays, asthma and ear infections.

A consistent linear increase in ORs with increasing vaccine doses is observed for Gastrointestinal Disorders. Further study is necessary to understand the full spectrum of health effects associated with childhood vaccination." - in "Analysis of health outcomes in vaccinated and unvaccinated children: Developmental delays, asthma, ear infections and gastrointestinal disorders", SAGE Open Med., 2020.

The Health Outcomes Of The Non-Vaccinated

"The survey was implemented in April of 2019 ending in June of 2020, with the immediate goal of obtaining raw health data exclusively from entirely unvaccinated subjects of all ages in as many American states as possible.

The ultimate goal of this study, and that of a planned larger-scale follow-up study of similar construct, is to fill a major gap in available health data by establishing health outcomes specific to Americans who have not been exposed to Vaccines.

Data was also gathered to establish health outcomes associated with avoidance of the Vitamin K-shot at birth and/or Vaccination during pregnancy, in addition to complete avoidance of post-birth Vaccination.

This population of interest, i.e., the remaining entirely unvaccinated (post-birth) in all ages combined, is calculated at 0.26% (or less) of the entire population in the USA.

A growing number of people in the USA are having a similar experience with Vaccines.

They are personally observing previously healthy infants, children, and adults, become ill, disabled, or die, after Vaccination.

As seen in one prominent Oxford study from 2015, the VAERS produced a record of 2,149 deaths occurring shortly after Vaccination.

["Deaths Reported to the Vaccine Adverse Event Reporting System, United States, 1997–2013", Clinical Infectious Diseases, Oxford University Press, 15 September 2015]

At a reporting-rate of less than 1% (established by the Harvard study), this number is appropriately calibrated to no less than **214,900 deaths occurring shortly after Vaccination.**

This Oxford Article states that, of those deaths occurring after Vaccination that were reported to the VAERS, **79.4% of the victims were injected with Vaccines hours before death, i.e., on the same day of their deaths.**

[According to the VAERS reporting rules, deaths that occur more than 7 days after Vaccination are not permitted to be reported as an "Adverse Event Following Vaccination"]

Sudden Infant Death Syndrome

Thousands dead on the day of Vaccination is Not "concerning" at Oxford.

This 2015 Oxford article concludes:

"No concerning pattern was noted among the death reports."

This is a bizarre carnival-house mirroring of the data cited within this very same article.

Although this article concludes that thousands (more accurately - hundreds of thousands) of **humans dying within hours after Vaccination is not a "concerning pattern"**, only one who has death as their preferred outcome, could agree.

The article claims the noted causes of **death are of no concern because they're extremely "common"** ways for the 99.74% Vaccinated population to die.

Therefore, the article continues, it could only have been a "coincidence" **all of these people died within hours of Vaccination.**

The justification for this article's claim there's nothing concerning about thousands of Americans dying within hours of Vaccination is far worse than spurious.

It's so blatantly obtuse that it's disturbing, i.e., that there's nothing "concerning" about thousands of Americans dying immediately after Vaccination.

The only evidence that might've supported such a conclusion, would've been the number of people who were not Vaccinated just hours before their deaths, but who died the same way.

This Oxford article is completely devoid of such critical data.

Much like most of the official "Vaccine-safety-science" of our day, it is also devoid of logic, reason, or conscience.

If the deaths are preceded by Vaccination, they're okay, because it's so "common".

This purportedly "scientific" Oxford article goes on to explain that the majority of the **reported Infant Deaths (within hours after Vaccination) were caused by "Sudden Infant Death Syndrome" (SIDS).**

The SIDS designation is merely the coroner's claim that he's got no idea, (and no real desire to investigate) what actually killed **an infant who was Vaccinated shortly before dying.**

The remaining minority of 'causes' cited for **these infants who died shortly after Vaccination**, were "Asphyxia, Septicemia, and Pneumonia".

The fact that all of these outcomes are known to be Risks Associated with Vaccination, somehow escapes these "scientific" authors, and there's no investigation into what caused these conditions in the first place.

Again, nobody noticed any 'concerning pattern' in the fact **almost 80% of these deaths occurred within hours after Vaccination?**

So long as the victims were recently Vaccinated, their deaths are of no concern, because it's so common for Vaccinated people to die in such ways.

The only logical conclusion that can be drawn from this Oxford publication is that the **folks at Oxford don't find it concerning when thousands of people die within hours of Vaccination.**

The UN, WHO, Pharma, and their many subsidiaries and beneficiaries, (including Oxford) have made clear what the agenda is, and it has nothing to do with improving the health of the American people, nor any other Nation's people.

One cannot be genuinely trying to "save lives" and depopulating at the same time.

Vaccines are legally classified as "Unsafe"

Vaccines are legally classified as "unavoidably unsafe" under controlling U.S. Law [U.S. Restatement (Second) of Torts § 402A (comment k)].

Risk of Autism in the Vaccinated

Autism in [unvaccinated] children 3-17 years:

(a) Total Autism reported in unvaccinated (post-birth) with or without maternal Vaccines and/or K-shots (2 of 967)……..…….....……..0.21%
a. Risk in unvaccinated (post-birth) without exposure to K-shot or maternal Vaccines (0 of 630)…….....0%
b. Risk in unvaccinated (post-birth) with k-shot exposure alone and no maternal vaccines (1 of 299).....0.33%
c. Risk of ASD in unvaccinated (post-birth) with exposure to K-shot and/or maternal Vaccines (2 of 337).....0.59%
d. Risk of ASD in unvaccinated (post-birth) in those with a 100% rate of exposure to maternal Vaccines with or w/o K-shot (1 of 32).....3.13%
e. Risk of ASD in unvaccinated (post-birth) with exposure to both maternal Vaccines and K-shot (1 of 21) …….....4.76%
(b) Increased Risk of Autism according to exposure:
a. Increased risk in Vaccine and K-shot exposed population….....……Infinite

Conclusion

It is irrefutable that Vaccines can Cause Injuries and Deaths.

After seeing the numbers herein, if anyone can't figure out what the proper conclusions should be, there's no chance anything else printed here would help them.

My Motive

I stand to gain nothing by exposing the truth of this situation other than to hope my loved ones, my Nation, might be saved from this devastation, and that perhaps we may begin to truly heal once this destruction is made to stop.

I did this only to save my loved-ones, my fellow Americans, and to preserve this great Nation for future generations.

Ultimately, I have done this to serve my only master, my Lord in heaven, Jesus Christ." - in "Statistical Evaluation of Health Outcomes in the Unvaccinated", The Control Group, 19 November 2020.

"My son Adam, 41, had everything to live for. But he Died after the AstraZeneca Vaccine gave him a Blood Clot." *- in "My son Adam, 41, had everything to live for. But he died after the AstraZeneca Vaccine gave him a blood clot.' Mail readers share stories of the deaths or health problems they fear were caused by the jab... and their battles for compensation", Daily Mail, 12 June 2024.*

Chapter 6

Vaccines
A Death Sentence

"Psychologically, nothing is darker or more menacing, or harder to accept, than the participation of physicians in mass murder. However technicized or commercial the modern physician may have become, he or she is still supposed to be a healer — and one responsible to a tradition of healing, which all cultures revere and depend upon." *- Robert Jay Lifton, 2000.*

"Based on an epidemiological analysis of COVID-19 deaths in the Health Sector attended by the Hospital of Barbastro, Spain, and the study of the pharmacotherapeutic history of affected patients, it was found that the most common drug to all the deceased was Chiromas (Fluad).

This led to the hypothesis that **the Influenza Vaccination of the 2019-2020 campaign could be associated with an increased risk of deaths by COVID-19 in people over 65 years of age, that is to say, to the suspicion of a possible iatrogenesis, suspicion that was confirmed when accessing data from another sector**.

There is an apparent overconfidence in vaccine safety far from the principle of prudence.

A possible mechanism of action is proposed for the hypothesis of immunological interference with parenteral POLYSORBATE 80, and the degree of concordance of the expected data is compared to those observed, concluding that the hypothesis could be valid, and that is why it is decided to publish it.

Results: The first relevant data found is the fact that the 20 deceased in the Sector were all over 65 years. Of them, 17 had registered the administration of the Vaccine and its batch by Primary Care, and the other 3 does not appear.

Those Vaccinated against influenza would represent by as much as at least 85% of the total number of Deaths.

This data was higher than expected according to the Vaccination rate in the Health Sector of Barbastro, which, according to the Aragón Weekly Epidemiological Bulletin, had been 63.1% in that age segment.

According to these results, influenza Vaccination not only would not have improved the prognosis of older Vaccinated with respect to COVID-19, but would have worsened it.

The inconsistency of the data on the effectiveness of influenza Vaccination in preventing complications such as pneumonia, hospitalization, and general mortality in the elderly institutionalized and with comorbidities has already been shown by previous studies with a much higher number of cases (Michielsa 2011).

The data found led to the hypothesis that the influenza Vaccination of the 2019-2020 campaign could be associated with an increased risk of death from COVID-19 in people over 65 years.

To test the hypothesis, a comparison of those 20 deaths / 100,000 inhabitants was sought with other environmental data, in an attempt to expand the sample.

The deceased were analyzed in the other Sector of the province of Huesca, encountering certain difficulties in accessing the **registry of Vaccinations in the Electronic Health Record.**

The data of a nursing home that had to date is accessed 11 August 2019 with **94 inmates, of which 25 have died from COVID-19, which reveals the finding of that more people have died in that nursing home with 94 inmates (25 deceased) than in our health sector of 100,000 (20 deaths), in a proportion 1,000 times higher.**

1. **Of the 80 Vaccinated, 24 (30%) Died.**

2. **Of the 14 Not Vaccinated, 13 are still alive today, only 1 has died.**

3. **Therefore, the Death Rate in registered Vaccinates Quadruples that of Non-Vaccinated,** for an already important amount of 94 individuals.

We searched the bibliography on immunological adverse effects described for other Vaccines of parenteral administration that also contain Polysorbate 80.

1. Pandemrix: Following Sweden's 2009-2010 influenza Vaccination Campaign, demonstrated an association of the use of the Pandemrix Vaccine with an increase in cases of Narcolepsy (brain condition that involves a decreased ability to regulate sleep-wake cycles, that causes a person to suddenly fall asleep at inappropriate times), especially in those under 20 years of age who carry the HLA-DQB1*06:02 by multiplying the risk of suffering this disorder by 12.

> *"**Pandemrix Vaccine:** Research carried out in 2013 found an **association between the flu Vaccine, Pandemrix, which was used during the swine flu epidemic of 2009-10, and Narcolepsy in children.**" - in "Narcolepsy", NHS, 13 May 2019.*

2. Gardasil: Among the adverse effects detected for this Vaccine in post-marketing, are "Disorders of the system immunological: Hypersensitivity reactions including Anaphylactic (potentially life-threatening reaction to a trigger such as an allergy), Anaphylactoid reactions".

3. Prevent: Among the adverse effects detected for this post-marketing pneumococcal Vaccine, are: "Immune system disorders: Rare: Reaction of Hypersensitivity, including Facial Edema, Dyspnea, Bronchospasm "

The current state of Vaccine Pharmacovigilance in Spain was analyzed, with the following relevant findings:

1. Flu Vaccines are Drugs whose composition changes every year, but strangely they don't have an additional black tracking triangle.

2. **The influenza Vaccine is considered a prescription drug, but in the campaign of Vaccination, there is no**

medical prescription, nor are individualized prescriptions issued per patient, nor are Vaccines dispensed in the pharmacy. The Vaccine is administered "per protocol".

3. **Vaccines are often served on pallets from the pharmaceutical laboratory to the administration centers, without basic pharmaceutical controls or delivery notes or batches distributed.**

4. The Pharmacovigilance Plan for Pandemic Vaccines of the AEMPS, 14 October 2009, that is to say nothing less than prior to the date on which **the association of the use of the influenza Vaccine Pandemrix with an increase in risk of Narcolepsy 4 to 9 times higher in children and adolescents Vaccinated, with regarding the unvaccinated.**

The hypothesis would explain facts observed in the pandemic, such as the following:

1. Geographic differences in terms of COVID-19 cases worldwide, focusing on the northern hemisphere (Europe, United States, Mexico), **where the Vaccination was carried out influenza before winter, while in the southern hemisphere it was autumn.**

2. Late onset of COVID-19 **in Brazil, where the flu Vaccination campaign is started on 23 March 2020, and has been followed by an exponential increase in number of affected.**

3. Geographical differences in cases of COVID-19 at European level, where there are Influenza Vaccination rates in people over 65 very low in European countries such as Estonia, which does not even reach 5%, compared to Spain, the United Kingdom, France or Italy, with rates of 50-60%. There are also differences in terms of access to Vaccinations. Thus, in Estonia, the flu Vaccine is paid.

4. **Geographic and social differences at the national level, with higher rates in residences and areas rural areas, where the Vaccination rate is higher than in residents of the own home and urban areas. Aragon would be an emblematic case of rural affectation and of residences, with a casuistry superior to the one that due to its low population density would correspond."** - Juan F. Gastón Añaños, Pharmacy; Elisa Mª Sahún García, Pharmacy; Dr Ana Martínez Giménez, MD, Preventive Medicine, in **"Possible Cause of the Coronavirus Pandemic: Immune interference between Polysorbate 80 in the Vaccine Adjuvant Influenza and SARS-CoV-2",** Internal Clinical Memo, Hospital of Barbastro, Spain, June 2020.

*"**Polysorbate 80** is an excipient that is used to stabilize aqueous formulations of medications for parenteral administration, and used as an emulsifier in the making of the popular antiarrhythmic amiodarone. **It is also used as an excipient in some European and Canadian influenza vaccines. Influenza vaccines contain 2.5 µg of polysorbate 80 per dose. Polysorbate 80 is found in many vaccines used in the United States.**" - in Wikipedia.*

*"Unverified Mob talk last week went so far as to suggest that Galente ordered his spies within the Gambino family to **persuade the "capo di tutti capi" to take a Swine-Flu Shot, knowing that a frail individual with a heart ailment and hardening of the arteries might succumb. According to federal sources, Gambino did get his Flu Shot shortly before his Death."** - in "Crime: after the Don: A Donnybrook?", TIME, 1 November 1976.*

Within 2 Weeks Of Being Vaccinated People Are Dying From Blockages In Veins

United Kingdom

"John O'Looney, Funeral Director, Milton Keynes, England, discusses strange blood clots he has been seeing in the embalming process ever since the Covid-19 Vaccine was introduced." *- John O'Looney, Funeral Director, Milton Keynes, England, in "AJP 26 - John O'Looney - Funeral Director warns about his observations", 2 October 2021.*

"Funeral Director John O'Looney shows in video the blockages removed From blood vessels of man who 'Suddenly' Died. The man who died was allegedly triple COVID Vaccinated, under 30 years old, fit, and had no co-morbidities.

Embalmers have been finding enormous blockages in the vessels of the dead since the second quarter of 2021. No embalmer or funeral director has seen these kinds of blockages before. Blockages of 2 feet long have been found.

The Blockages are not blood clots:

1. Blockages are white; while blood clots are very dark red to black.

2. Blockages are rubbery and strong; while traditional blood clots are soft.

3. Blockages are found in both; veins (mostly), and arteries (sometimes),while traditional blood clots, are almost exclusively found in veins." - in "Funeral Director John O'Looney Shows Blockages Removed From Blood Vessels of Man Who 'Suddenly' Died", The Void, 2 August 2022.

United States of America

"In 20 years of embalming, I had never seen these white fibrous structures in the blood, nor have others in my field." *- Richard Hirschman, Embalmer, Alabama, USA in "Mystery Clots Appear in 50% – 70% of Deceased: Funeral Director", Epoch Times, 6 September 2022.*

New Zealand

"The deaths that I have seen, I made a claim of 95%, over 12 months, died within 2 weeks of receiving a Vaccine. I made a claim of 95% of people died within 2 weeks of getting the Vaccine. The cots that I'm seeing in the blood are the same as what Richard Hirschma seeing in the USA, and what John O'Looney, Embalmer are seeing in the United Kingdom. So the blood clots appear to be killing people." - Brenton Faithfull, Funeral Director, since 1982, New Zealand, in "River Of Lies", Documentary, Auckland, New Zealand, 2022.

17 Million Covid-19 Vaccine Deaths Worldwide From 13.50 Billion Injections

"17 equatorial and Southern-Hemisphere countries were studied (Argentina, Australia, Bolivia, Brazil, Chile, Colombia, Ecuador, Malaysia, New Zealand, Paraguay, Peru, Philippines, Singapore, South Africa, Suriname, Thailand, Uruguay), which comprise 9.10 % of worldwide population, 10.3 % of worldwide COVID-19 injections (vaccination rate of 1.91 injections per person, all ages), virtually every COVID-19 Vaccine type and manufacturer, and span 4 continents.

Unprecedented peaks in All-Cause Mortality, ACM occur in the summer (January-February) of 2022 in the Southern Hemisphere, and in equatorial-latitude

countries, which are synchronous with or immediately preceded by rapid COVID-19-vaccine-booster-dose rollouts (3rd or 4th doses).

This phenomenon is present in every case with sufficient mortality data (15 countries).

Two of the countries studied have insufficient mortality data in January-February 2022 (Argentina and Suriname).

We quantify the overall all-ages vDFR for the 17 countries to be (0.126 ± 0.004) %, which would imply 17.0 ± 0.5 Million COVID-19 Vaccine Deaths Worldwide, from 13.50 Billion injections up to 2 September 2023.

This would correspond to a mass iatrogenic event that killed (0.213 ± 0.006) % of the world population (1 death per 470 living persons, in less than 3 years), and did not measurably prevent any deaths." - in "COVID-19 vaccine-associated mortality in the Southern Hemisphere", Correlation, 17 September 2023.

"People are dying in abnormally high numbers even now and long since COVID-19 waned.
Life insurers have been consistently sounding the alarm over these unexpected or, "excess," deaths, which claimed 158,000 more Americans in the first 9 months of 2023 than in the same period in 2019. That exceeds America's combined losses from every war since Vietnam. Actuarial reports — used by insurers to inform decisions — show deaths occurring disproportionately among young working-age people." *- in "This is bigger than COVID: Why are so many Americans dying early?", The Hill, 12 December 2023.*

What Research Into Vaccination Tells Us

"Vaccination: The Hidden Truth", is an extremely informative Documentary (1998), in which 15 Vaccine Researchers, including Dr Viera Scheibner, PhD, and other Researchers, **reveal the relationship from Vaccines to Illnesses.** Ironically, the important facts come from the Medical Trade own Research. With so much clueless government, and Medical Trade promotion of Vaccination for the supposed prevention of disease. Dr Viera Scheibner detailed Research, is clearly devoted, to presenting the other side of the issue, which both parents, and the general population are not being told. **The result is a damning account of the ineffectiveness of these so-called Vaccines, and their often common harmful effects.**

"It is a problem for me that I am part of a profession that is systematically lying to people." *- Dr Mark Donohoe, MD*

The Documentary "Vaccination: The Hidden Truth", presents well documented answers to questions like:

1. Was it really Vaccines that saved us?
2. Why are they only counterproductive?
3. How are many Statistics Misleading?
3. What do Vaccines contain?
4. What are they doing to our organs, immune systems, even our genes?
5. Are childhood diseases really dangerous to healthy children?
6. Why does Vaccination continue?
7. What are our rights?
8. Can Vaccine damage be evaluated and countered?
9. What is the true key to immunity?
10. Why is Vaccination pushed so heavily by the government authorities?
11. What Financial Incentives are there?
12. Who profits from the sale of Vaccines?

Dr Viera Scheibner, PhD has studied more than 10,000 papers of Medical Trade Research on Vaccination, warns:

> ***"It took 3 years of research, before we looked at each other, and said "Vaccines Are Killing Babies."***
> ***It is a well documented fact, that the incidence and mortality from infectious diseases fell by 90% well before any Vaccine was even introduced."*** *- Dr Viera Scheibner, PhD*

> ***"So it was obvious that I, and every other MD for that matter, had been grossly misled. It was clearly shown that, the only people who got Smallpox twice were the Vaccinated."*** *- Dr Archie Kalokerinos, MD, Author of the book "Every Second Child"*

Dr Viera Scheibner, PhD, Decades of Research into the Harms Vaccines is clear and logical and an eye-opener.

The Misleading Statistics on Vaccines

"Before I knew what Natural Medicine was, I used to Vaccinate my own children, and one of them, my oldest daughter was quite severely damaged, and that led me to question whether or not what I was being told by doctors was really accurate.

Because I was told, time and again, to go back and keep Vaccinating her, despite the reactions that she was having.

Eventually the penny dropped, and I realized that there was a direct cause between the symptoms that she was experiencing, going from a completely healthy young child to someone who wasn't.

And Vaccines, because the symptoms were intensifying after each Vaccine that led me to really start looking further, than what I was just told by doctors.

And where I started, was basically with the Health

Department's in England, America, and Australia, because my original professional training is in Economics & Statistics.

I wrote to the government and got figures, and then I realized when I started plotting the figures on charts that in fact there was a lot of information that we were being told by the Medical Profession, which wasn't true.

And it also made me realise, that a great deal of information given to medical students was probably very misleading.

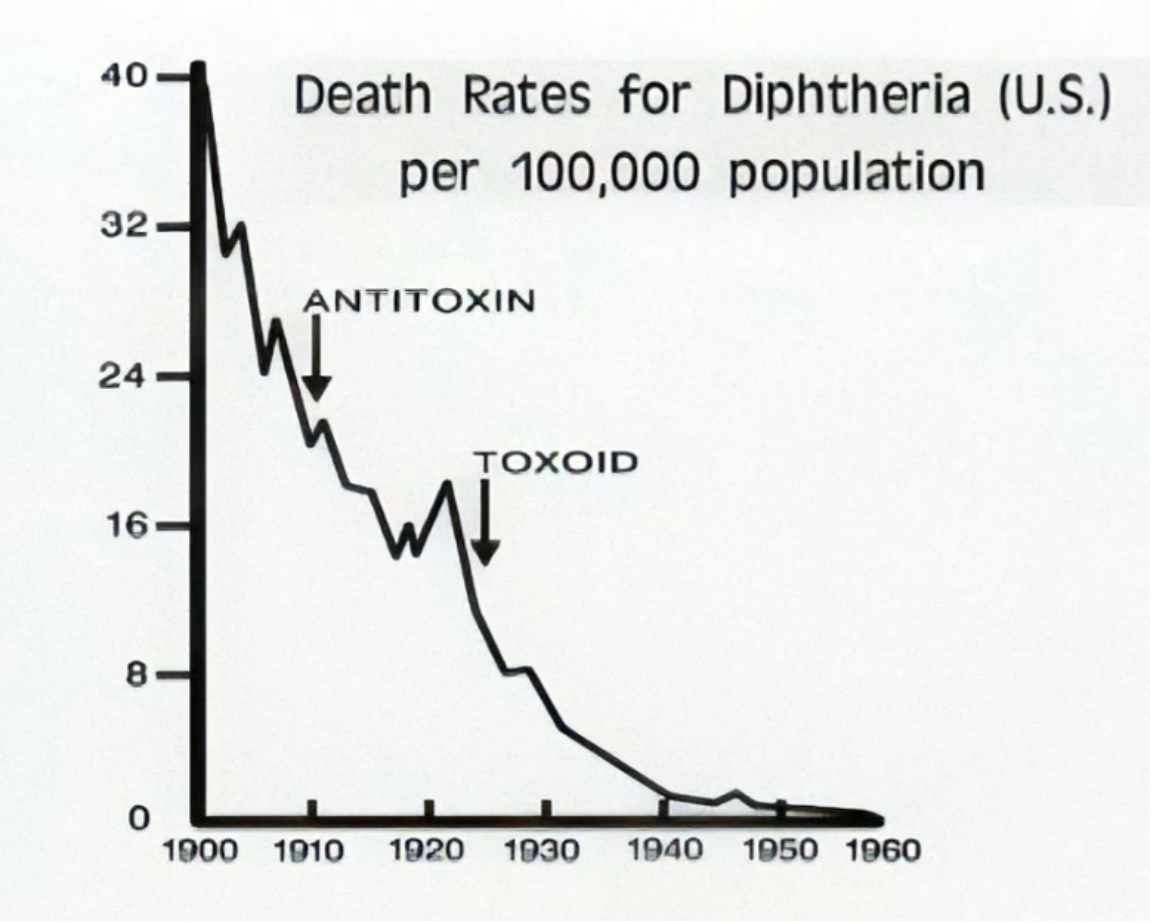
Let me give you an example, on the overhead we have here the figures of deaths from Whooping Cough in America, from the time that Vaccinations were introduced, to around about the late 1980s.

These were the figures that I got from the American Government themselves, and what they show when you look at those figures, is quite clearly apparently that the introduction of Vaccination caused a great fall in the deaths from Whooping Cough.

However, what I also got were the figures for 40 years before Vaccines were introduced, and you can actually see where the arrow is where Vaccination was introduced, and so it is quite clear that the majority of the reductions in deaths from Whooping Cough occurred well before Vaccination was even introduced.

So the claim in this particular case that Vaccination was responsible for eliminating most of the deaths from Whooping Cough in America is clearly statistically false."
- Dr Isaac Golden, Author of "Vaccination? A Review of Risks and Alternatives"

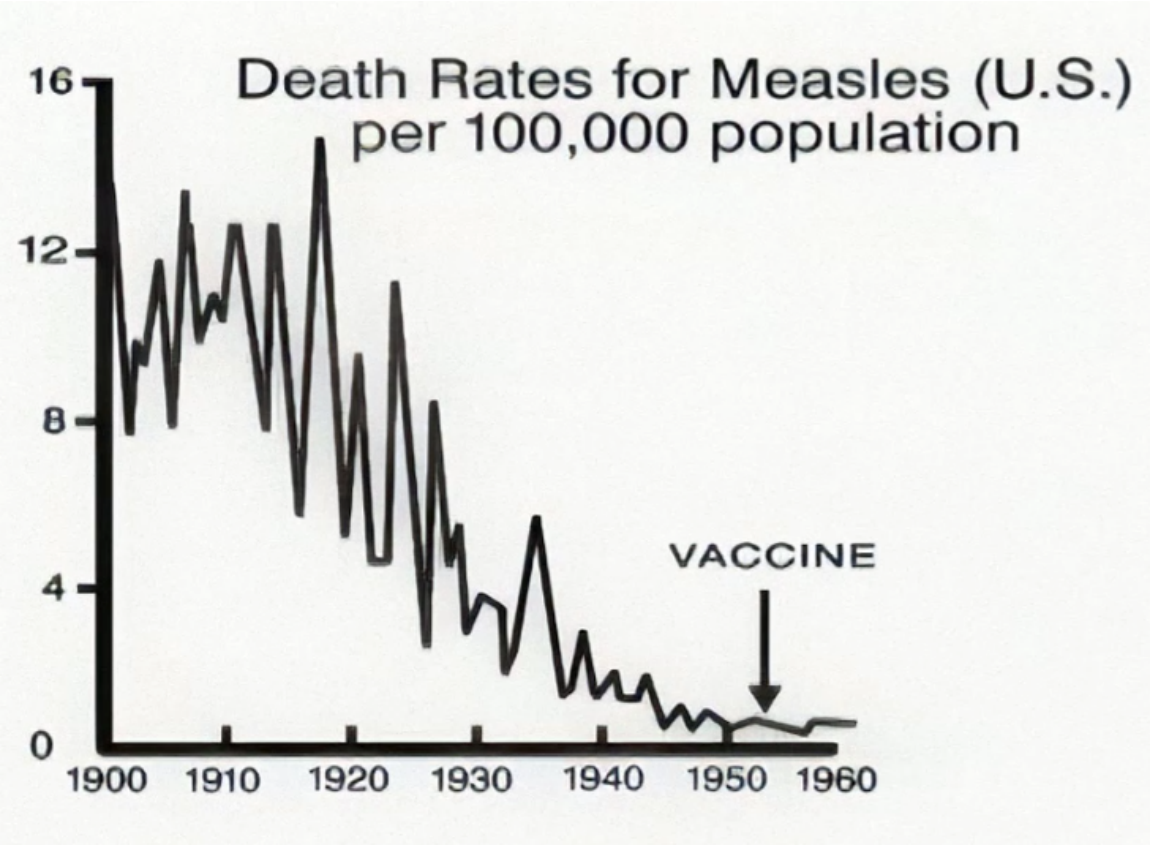
"It is a real documented fact that, the incidence and mortality from measles, whooping cough, rubella, mumps fell by 90% before any Vaccine has even been introduced.



The mortality from the Diphtheria between 1900 and 1960 you can see that they were also steady downward trend in mortality from diphtheria long before the any treatment has been introduced of the Vaccine Toxoid.

And you can see that even after the introduction of the Vaccine.

The downward trend simply continued.



Department of Health, Education and Welfare-United States Public Health Service 1968

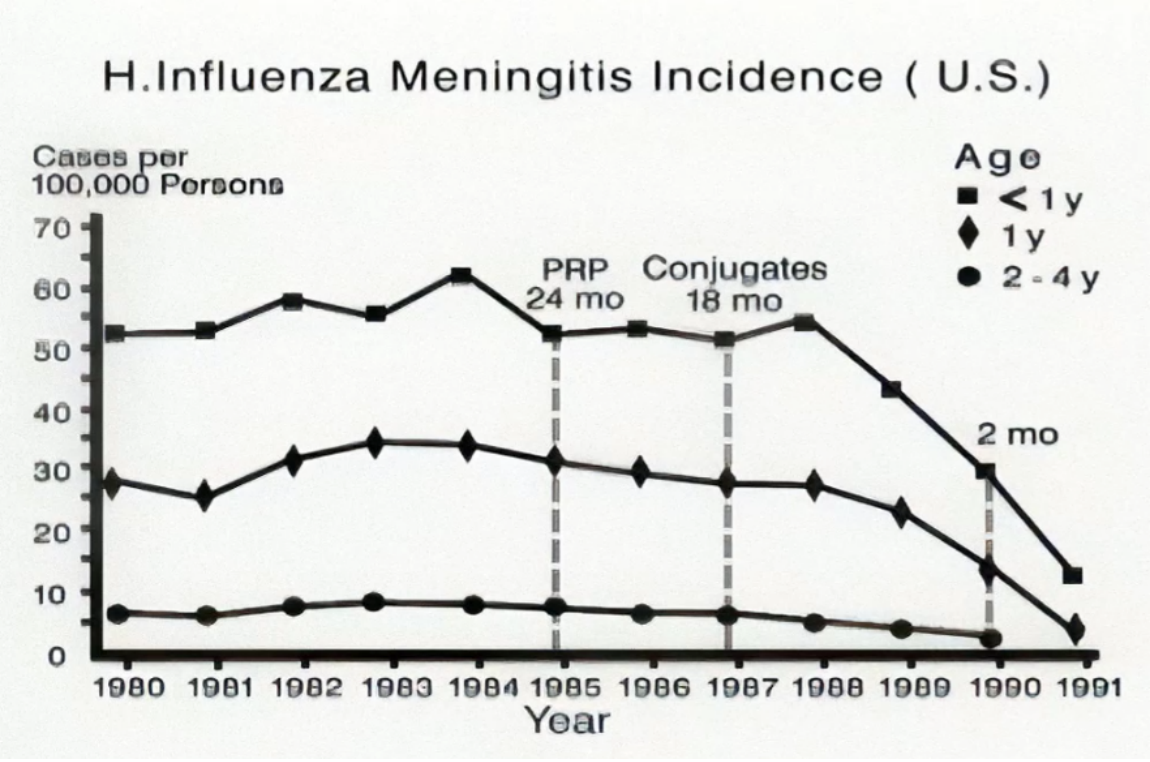
This is Death rate for Measles, between 1900 and 1960, again, you can see steady downward trend in mortality from Measles without any Vaccine.

There comes the Vaccine and it was already at the tail end of mortality from measles.

So there must have been other factors other than Vaccines, that caused the observed fall in the mortality from these diseases." - Dr Viera Scheibner, PhD

"An outbreak of measles occurred among adolescents in Corpus Christi, Texas, in the spring of 1985, even though Vaccination requirements for school attendance had been thoroughly enforced." *- in "Measles outbreak in a fully immunized secondary-school population", New England Journal of Medicine, 26 March 1987.*

"Of course this is not some sort of a rare occurrence, epidemics in fully Vaccinated populations are a rule, rather than an exception." *- Dr Viera Scheibner, PhD*

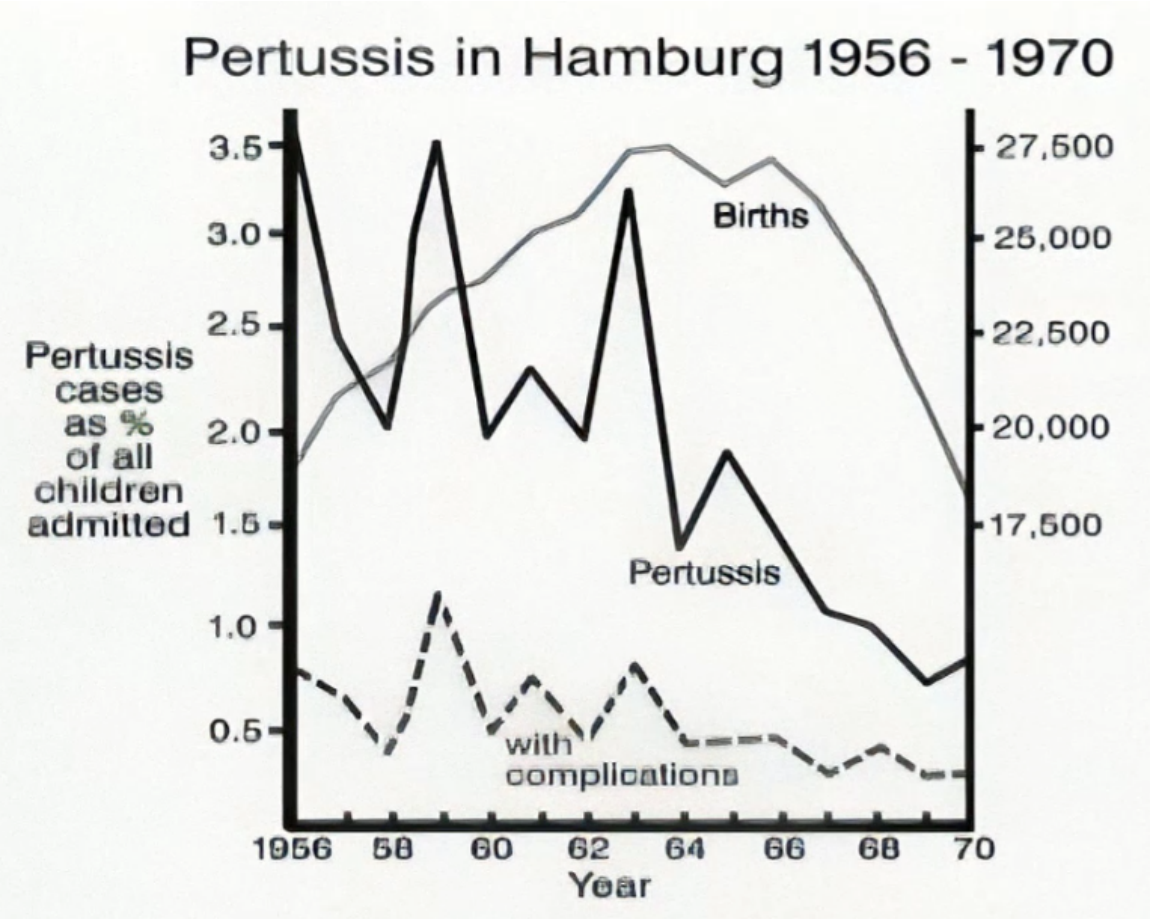


Source: "Decline of Childhood Haemophilus influenzae Type b (Hib) Disease in the Hib Vaccine Era", JAMA, 13 January 1993.

"The incidence of Meningitis in children less than 5 years old, this is between 1980 and 1991.

Here you have the incidence of Bacterial Meningitis in children, younger than 1 year, these are 1 year old, and this are 2 to 4 year old's, the fluctuations and particularly **the fall in the incidence of Meningitis in children younger than 1 year, and in 1 year old's had nothing to do with Vaccination.**

Because the Vaccine was only introduced in 1989." - Dr Viera Scheibner, PhD



Source: Lancet 1978

"This is Pertussis Whooping Cough in Hamburg between 1956 and 1970, you can see a steady fall in the incidence of whooping cough. At the time when the rate of live births increased in a substantial way." *- Dr Viera Scheibner, PhD*

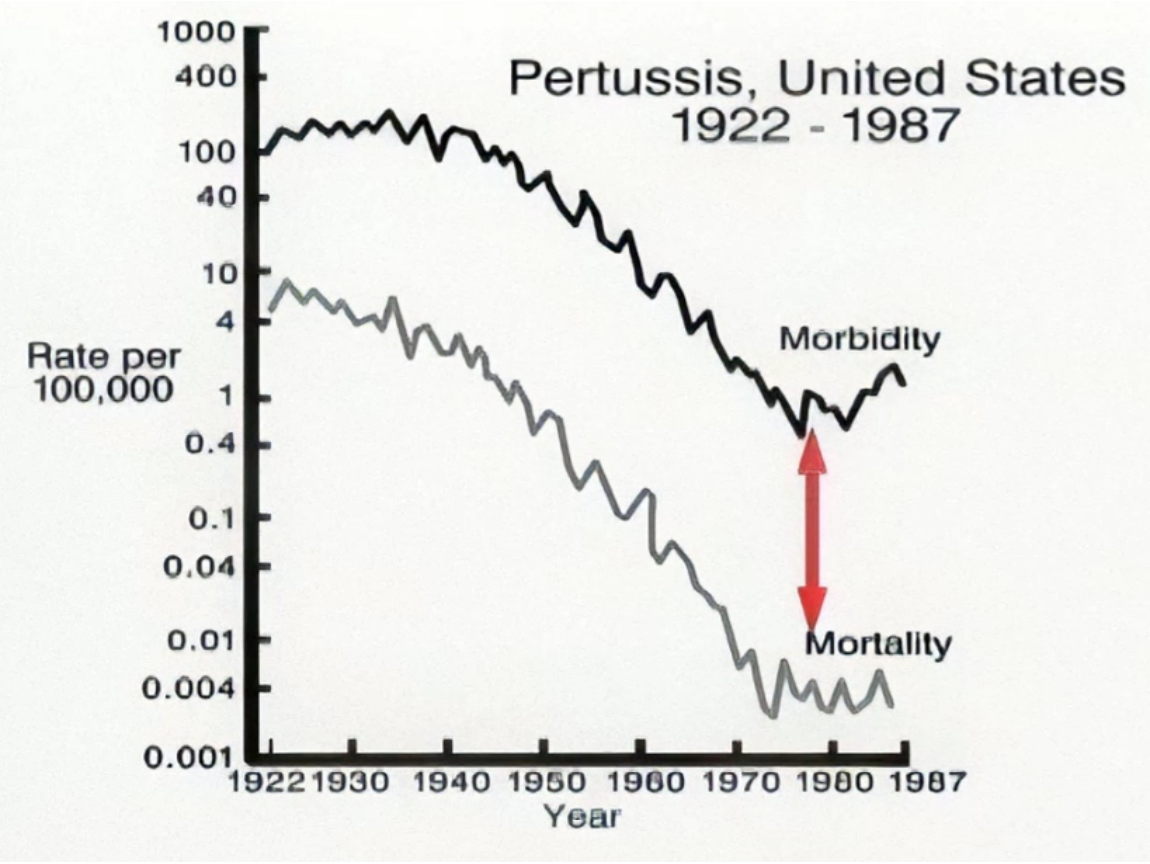
"Scarlet Fever, was in existence at same sort of levels, at that same time as Whooping Cough, Measles, Polio, these are the diseases.

And we do not Vaccinate against Scarlet Fever, we never have vaccinated against Scarlet Fever, and interesting the incidence of Scarlet Fever has dropped off, paralleling the drop in Whooping Cough, and polio and so on.

So it would appear, when we actually consider these other factors as well, that it's not the Vaccines that have reduced the incidence of these diseases but other things that were going on in society at the time.

There were basic public health measures and sanitation measures, and these seemed to be the things that have made the major impact." - Dr Robin Kaufman, MD

"Some of the studies that have been done indicating that it wasn't the cure-all that everybody thought it would be, and that in fact that means some massive disasters around the world following Vaccination Programs.
The Measles for example was dying out Europe, and then they started the Vaccination Program, and it rose again, and the thing that cured Measles was in fact a better nutrition program, to civil general pick up in the health of the population.
Increase in Vitamin A levels, and the Vaccination wasn't solving these problems, at all, just as many people getting sick post Vaccination as they were before." *- Pauline Rose, RGN, Nurse Practitioner*



"This is the incidence of Whooping Cough morbidity and mortality from whooping cough deaths from whooping cough between 1922 and 1987.

You can see a steady downward trend in both morbidity and mortality until about 1978.

After 1978 you can see this very unnatural sharp upswing in the incidence of whooping cough and mortality remain stationary." - Dr Viera Scheibner, PhD

What Happened in 1978

"In 1978 a nationwide childhood immunization initiative was begun. Individual states passed legislation requiring proof of immunization for school entry at 5-6 years of age.
By early 1980, 42 of 50 states, plus the district of Columbia, passed legislation requiring 3 doses of Diphtheria, Pertussis, Tetanus Vaccine (DPT) for school entry." - Hutchins et al., 1988.

"They mandated Vaccination, and it resulted in a 3-fold increase in the reported incidence of Whooping Cough, and indeed children develop Whooping Cough from the Vaccine.

Whooping Cough is a toxin mediated disease, meaning it doesn't matter where the Bordetella in the Vaccine is live or dead, or whether it is there at all, because the acellular whooping cough Vaccine doesn't contain whole cell Bordetella Pertussis, it only contains the protein envelopes.

In children it can still develop whooping cough from that Vaccine." - Dr Viera Scheibner, PhD

"So, after 20 years of immunization, by 1999 mortality per thousand people in Europe was 10 times that it was in American. So the Swiss despise having no immunization policy, had 10 times less mortality from Measles, than in the United States. Which had a 20 years of Vaccination experience, that had mandated it." *- Dr David Ritchie, MD*

"In the United States the Amish, a religious group who reject Vaccinations on religious grounds, the Amish they didn't report a single case of Measles between 1970 and 1988, for 18 years the Unvaccinated Amish, did not report a single case of measles." - Dr Viera Scheibner, PhD

"There is a big Epidemic of Smallpox in the Philippines, and this is a very important Epidemic in many ways, because statistics were kept for the first time.
And it was clearly demonstrated that the only people who got Smallpox twice was the Vaccinated, and that there are far more cases of Smallpox amongst the Vaccinated, than amongst the non-vaccinated, and these statistics are available, if people want to see them. I think these are the most glaring examples of how people are being misled." *- Dr Archie Keller Kalokerinos, MD, Author of "Every Second Child"*

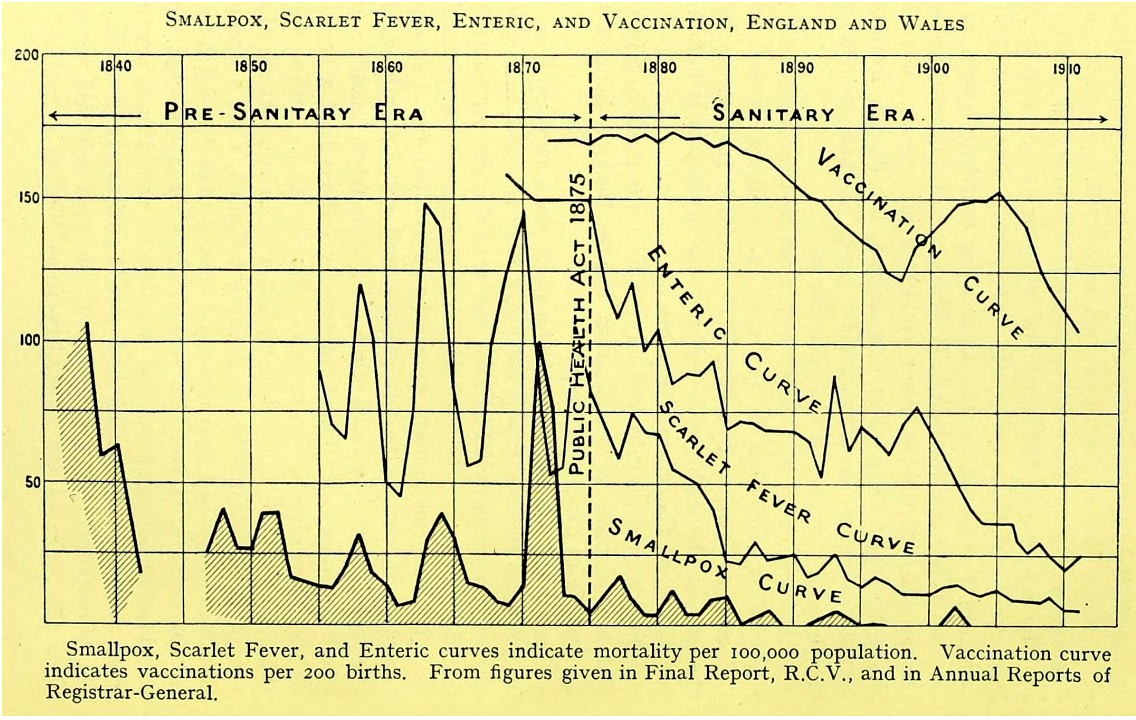
"I have always been looking for articles that could demonstrate that Vaccines work, and when I saw this title: "The elimination of indigenous measles, mumps, and rubella from Finland by a 12-year, 2-dose Vaccination program", I said this is it this is the article that I've been looking for.

So let's have a look how they eliminated indigenous measles, mumps, and rubella from Finland; results:

"The 99% decrease in the incidence of the 3 diseases was accompanied by an increasing rate of ***false positive clinical diagnoses."*** *- in "The elimination of indigenous measles, mumps, and rubella from Finland by a 12-year, two-dose vaccination program, New England Journal of Medicine, 24 November 1994"*

"I will show you how they eliminated polio myelitis in South America, in these countries there are less than 100 reported cases of polio per year. They started Vaccinating in 1985 within 4 months they had an average of 350 cases, *(Pediatric Infectious Diseases Journal 1991)." - Dr Viera Scheibner, PhD*

Pre-Sanitary Era Versus Sanitary Era



Smallpox, Scarlet Fever, and Enteric curves indicate mortality per 100,000 population. Vaccination curve indicates vaccinations per 200 births. From figures given in Final Report, R.C.V., and in Annual Reports of Registrar-General.

- Dr C. Killick Millard, MD, Medical Officer of Health for Leicester, in "The Vaccination Question in the light of modern experience: an Appeal for Reconsideration", 1914.

Vaccination Side-Effect Death

"I found, particularly in Aboriginal children, but also Caucasian children if they had even a simple cold, or if they'd gone through a series of simple illnesses recently, or if the nutritional status was not really as good as it should have been.

If they were Vaccinated the result could be fatal. I went to Melbourne to give some lectures about this problem, and I was away for 5 or 6 days, a doctor came to relieve me.

I carefully explained to him that under no circumstances should he vaccinate sick Aboriginal infants, even if they had a simple cold.

He actually said to some of the citizens in the town that he did not believe in my theories, mind you, he said not my observation, and he had no intention of carrying out my methods of practice.

He saw one Aboriginal little boy, the best cared for infant in the district, and this boy had an upper respiratory tract infection, he gave Triple Antigen Vaccine (Diphtheria, Tetanus and Pertussis Vaccine), the child died.

He saw a second Aboriginal infant, a little girl who had mild diarrhoea, and he obviously thought while that first case was just a coincidence, had nothing to do with a Vaccine.

He gave Triple Antigen Vaccine, I came back, and found that little girl dying in the bed." - Dr Archie Kalokerinos, MD

Dr Archie Kalokerinos, MD 1927—2012

Orthomolecular Medicine Hall of Fame Inducted 2009

"Any attempt to adequately write about Archie Kalokerinos would need a thousand pages and would incorporate many such adjectives as: far-sighted, intelligent, sensible, observant, honest, caring, altruistic, congenial, meticulous, brave, dogged, intrepid, and last but not least, the trite, but well-deserved, great.

Archie Kalokerinos his MD degree from Sydney University in 1951.

He was appointed Medical Superintendent of the hospital at Collarenebri, Australia, where he served until 1975.

His practice is based on Linus Pauling's theory that many diseases result from excessive free radicals and can accordingly be prevented or cured by Vitamin C.

Kalokerinos is well known worldwide as the doctor who spent much of his time fighting for the well-being of the Aboriginal inhabitants of Australia.

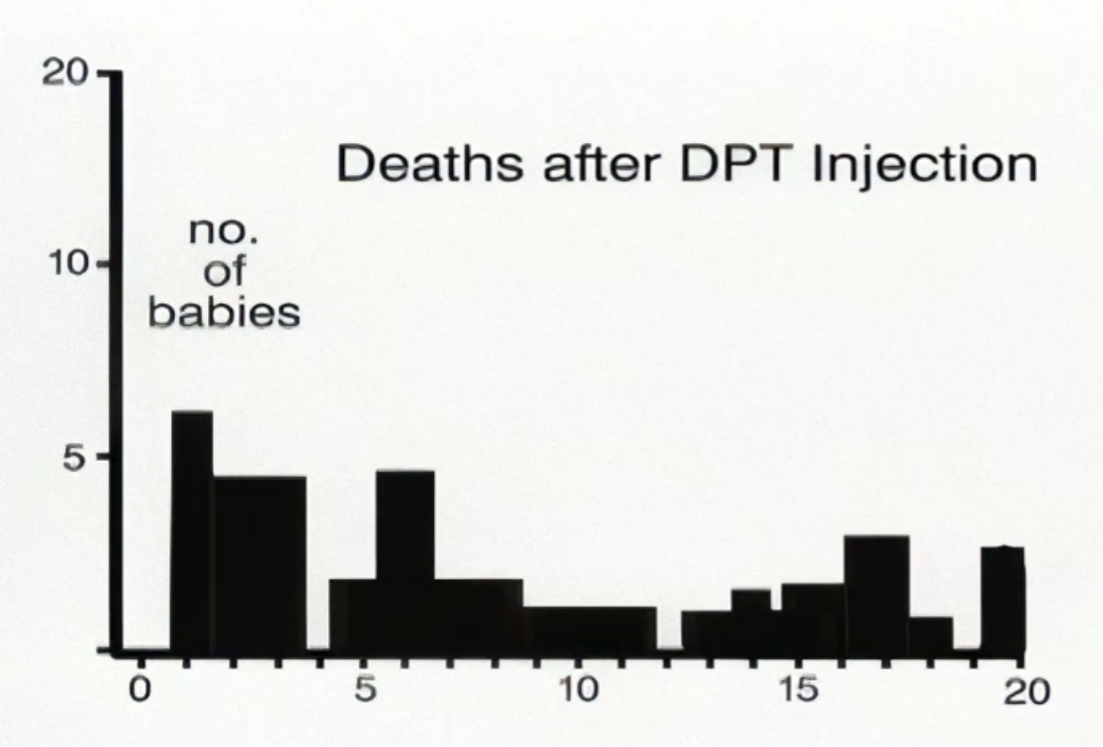
He became very concerned about the high death rate of Aboriginal children in New South Wales and came to the conclusion that the infants had symptoms of scurvy, a deficiency of Vitamin C. In his ground-breaking book "Every Second Child", he discovered that the an acute Vitamin C deficiency provoked by the Vaccinations was the reason why, at a certain point, up to half of the Vaccinated Aboriginal infants died.

Instead of being rewarded for this lifesaving observation, Kalokerinos was harassed and his methods were disregarded by the authorities, too cheap and too efficacious to be accepted by the vested interests of modern medicine.

Kalokerinos is a Life Fellow of the Royal Society for the Promotion of Health, of the International Academy of Preventive Medicine, of the Australasian College of Biomedical Scientists, of the Hong Kong Medical Technology Association, and a Member of the New York Academy of Sciences.

In 1978 he was awarded the AMM (Australian Medal of Merit) for outstanding scientific research.

He retired from full time practice in 1993 and spends most of his time doing private research." - in "The International Society for Orthomolecular Medicine"



Source: "Vaccination", 1993

"The Tennessee Deaths, **between 1977 and 79 large numbers of babies died.**

So many died after their first Triple Antigen Injection.

And here, you have 49 babies who died in 20 days, and you see clear clustering of these deaths, along the same clinical days, is recorded increasing death of babies after Vaccination. It stands the reason, that babies would die more often, or more babies who die on those critical days, when any baby has a flare-up of stress breathing.

And again here you see a truly scientific evidence of the causal link between administration of those DBT Injections and the Tennessee deaths." - Dr Viera Scheibner, PhD

In 1975, Japan ceased Vaccinating under 2 years of age, it immediately jumped from 17th place to the lowest infant mortality in the world, 13 years later it lowered the minimum Vaccination age to 3 months, and the trend then immediately reversed.

"When we look at the symptoms, that we see in a child who has been Vaccinated:

1. High Fever,
2. High Pitched Screaming,
3. Sloppiness, sometimes even a
4. Weakness and almost a Hemiplegic situation in some cases.

These are symptoms that if they were seen in a child, who had not just been Vaccinated, all us Doctors would be concern, that this child perhaps had a type of meningitis." - Dr Robin Kaufman, MD

In 1985, the "Japanese Journal of Medical Science and Biology", published the following research:

"Administration of Pertussis Vaccine causes a variety of untoward reactions in children.

The most distressing reactions are Encephalopathy and Neurological Disturbances which have occasionally been observed and in rare cases produced Severe Brain Damage and even Death.

Such unfortunate incidents have frequently lowered the acceptance rate of the Vaccines and have even brought on Vaccination boycotts.

A major reason why such an unfavourable situation has lasted for a long time may be the total lack of an

experimental model for studying the post Vaccination Neurological Complications.

In this paper, we report that the intra-cerebral injection of pertussis Vaccine induces the brain swelling in mice, and that such brain-swelling activity of the Vaccine can be quantified by using the corrected weight of the brain as a response value.

Furthermore, we show that at least 2 distinct and separable components contained in the Vaccine may be involved in the activity.

A significant increase in the mean brain weight of the mice inoculated with the Vaccine was demonstrated in all age groups.

A 6 to 12% increase in the mean brain weight was induced by injection of the Vaccine irrespective of the age of mice." - in "Swelling of the Brain in mice caused by pertussis Vaccine - its quantitative determination and the responsible factors in the Vaccine", Japan J. Med. Sci. Biol., April 1985.

"Of the 31 children with Vaccine-Associated Disease, 27 (87%) had received one or more intramuscular injections within 30 days before the onset of paralysis.

Nearly all the intramuscular injections were of antibiotics, and the association was strongest for the patients who received 10 or more injections.

The risk of paralytic disease was strongly associated with injections given after the oral poliovirus Vaccine, but not with injections given before or at the same time as the Vaccine.

The attributable risk in the population for intramuscular injections given in the 30 days before the onset of paralysis was 86% (95% confidence interval, 66% to 95%); that is, we estimate that 86% of the cases of Vaccine-Associated Paralytic poliomyelitis in this population might have been prevented by the elimination of intramuscular injections within 30 days after exposure to oral Poliovirus Vaccine.

Conclusions

Provocation paralysis, may rarely occur in a child who receives multiple intramuscular injections shortly after exposure to oral Poliovirus Vaccine.

This phenomenon may explain the High Rate of Vaccine-Associated Paralytic Poliomyelitis in Romania, where the use of intramuscular injections of antibiotics in infants with febrile illness is common." - in "Intramuscular Injections within 30 Days of Immunization with Oral Poliovirus Vaccine — A Risk Factor for Vaccine-Associated Paralytic Poliomyelitis", New England Journal Medicine, 23 February 1995.

1967

"An atypical measles illness occurred in 10 children who had received inactivated (killed) measles virus Vaccine 5 to 6 years earlier.

Immunization with inactivated measles virus Vaccine may result in an altered reactivity in the host.

Atypical measles illness was first noted by Rauh and Schmidt in 1965.

They reported 9 instances of atypical measles in children immunized previously with 3 doses of the same inactivated Vaccine preparations used in our study.

Their children had petechiae or purpura (5), urticaria (3), or vesicles (1) superimposed upon a maculopapular rash beginning on the trunk or extremities, 4 patients had Pneumonia.

Symptoms were severe enough in 5 patients to warrant hospitalization.

In 1966, Nader et al. described 11 children with atypical measles in Riverton, Wyoming. The rash began on the lower extremities and progressed centrally and became vesicular.

In 1 child, purpuric lesions were noted and in another, Pneumonia. The 11 children were part of a group of 97 who had received inactivated measles virus vaccine in 1962.

Norrby et al. reported 2 children in whom severe Pneumonia developed, among 38 recipients of inactivated measles virus Vaccine who were exposed to the natural disease.

Common to all of these reports is the occurrence of an atypical illness characterized by Fever, Rash, and Pneumonia, and, in some cases, by peripheral Edema in children who have previously received in activated measles virus Vaccine.

The fact that they have occurred should impose a restriction on the use of inactivated measles virus vaccine.

We now recommend that inactivated measles virus Vaccine should no longer be administered." - "Altered Reactivity to Measles Virus Atypical Measles in Children Previously Immunized With Inactivated Measles Virus Vaccines", Journal of the American Medical Association, 18 December 1967.

1968

"Risk and Severity of Reactions: 41 recipients of a combination of killed and live measles virus vaccines in 1961-1962, were re-immunized with live vaccine in 1965.

19 (46%) reacted with combinations of erythema, tenderness, and induration at the local site of live virus injection.

Disability of significant degree was noted in 10 (24%).

Subsequent intradermal skin tests in 18 of the children resulted in a delayed-type response greater than 1 cm in 10 (56%). In the study of Krugman et al. approximately 29% of recipients of 2 or 3 doses of inactivated vaccine developed local reactions one year later

As several thousand children in the United States have received inactivated Vaccine.

With increasing evidence that antibody decreases following primary immunization and protection against natural disease correspondingly declines, it may become desirable to attempt protection by a subsequent dose of live virus Vaccine.

Some degree of morbidity may be expected from this procedure and one wonders if the described reactions are acceptable.

It is our belief that no healthy child should receive inactivated vaccine until the mechanism of the altered reactivity and its full implication for the immunologic responsiveness of the child is accurately defined." - in "Altered reactivity to measles virus: local reactions following attenuated measles virus immunization in children who previously received a combination of inactivated and attenuated Vaccines", American Journal of Diseases of Children, June 1968.

1972

"During the course of a measles outbreak in Aberdeen, South Dakota, US, ***5 cases of atypical measles-like illness occurred in recipients of killed measles virus Vaccine.***
The illness was severe and was characterized primarily by high fever, vesicular rash, and pulmonary consolidation." *- in "Atypical Measles Severe Illness in Recipients of Killed Measles Virus Vaccine Upon Exposure to Natural Infection", JAMA, 11 December 1972.*

"I have also a number of people who sought advice for me, where the child has had clear Adverse Reactions to the first shot, and the doctor's advice on the second shot is: it wont happen again.

Now we know from Adverse Reactions, that these things are likely to escalate.

About 20 years ago more than 6 courses of Antibiotics, 6 illnesses in a year was cause for concern, and maybe referral for investigation as to why a child will be so sick.

For the last number of years 12 infections a year has been the magic number, that if a child gets sick more than 12 times a year, then they need referral to somebody who can make some sense about what's going on for this child.

In this last year, the proposals put forth at it should now be 24, a child should be considered quite normal having 2 infections a month, through their early years of life.

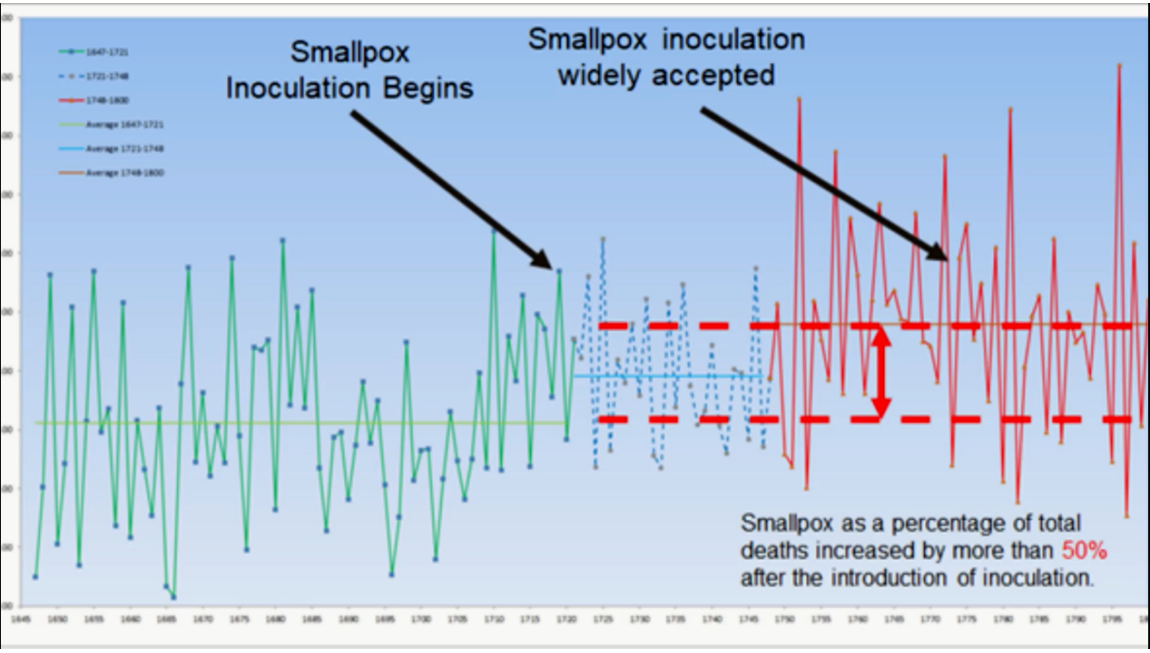
Now, here's my concerns, we may have lost the plot here! We now, have a sicker group of children, they may not have polio they, may not have Whooping Cough, they may not have death Diphtheria, but we have a really crook group in the community, we have a Health Minister saying we have one of the best Health Systems in the world, why because the average 2-year-old child sees a doctor 7 to 8 times a year.

Now, the best Health System in the world will be well with the average child sees the doctor not at all a year, you don't measure your Health System by how frequently people are seen." - Dr Mark Donohoe, MD, Sidney, Australia

The age incidents of Chronic Fatigue Syndrome correlates following this episode with the Tetanus Toxoid Vaccine.

> ***"Chronic Fatigue Syndrome (CFS) has been reported to emerge following Vaccination in several reports, including after Measles, Mumps, and Rubella (MMR), Pneumovax, Influenza, Hepatitis B virus (HBV), Tetanus, Typhoid, and Poliovirus Vaccines."*** *- in "Infections, Vaccinations, and Chronic Fatigue Syndrome", 15 May 2015.*

"Sweden discontinued Whooping Cough Vaccination in 1979 (Pediatrics Infectious Diseases Journal, 1993), that was after the 1978-79 Epidemic of whooping cough. So in 1978-79, 84% of Swedish children who develop Whooping Cough were fully Vaccinated. So the Swedish government read the statistics correctly and they discontinued whooping Cough Vaccination. A 10-year follow-up of the age distribution of whooping cough demonstrated that there was no incidence below the age of 6 months." - Dr Viera Scheibner, PhD in "Vaccination: The Hidden Truth", 1998.



"Data from the London Bills of Mortality from smallpox as a ***percentage of total deaths increased by more than 50% after the introduction of inoculation."*** *- in "Doctor's Quotes Erased from History", 25 May 2024.*

"Orthodoxy always bring up the death rate of measles in third-world countries, sure thousands of children die of measles in third-world countries, but that's not because they don't get the measles Vaccine, that's because of low nourishment, poor living conditions, poor water supplies, no sewage. In western countries, children very rarely die of any of the childhood illnesses, and those that do die, usually have some other co-existing problem." *- Dr Peter Baratosy, MD, Fellow of the Australasian College of Nutritional and Environmental Medicine, Faculty Lecturer and Examiner, in "Vaccination: The Hidden Truth", 1998.*

Injected Patients They Got Worse And Died

"In 1890, Robert Koch derived a substance from tuberculosis bacteria which he claimed would cure the disease.

When he injected it into patients, however, they got worse or died.

In 1928, a drug called thorotrast was first used to aid in obtaining x-ray outlines of the liver, spleen, lymph nodes, and other organs.

It took 19 years to discover that even small doses of the drug caused cancer.

In 1937, children who received a new antibacterial drug died because the drug was contaminated with a toxic chemical.

In 1955, more than 100 fatal, and near fatal cases of polio developed among unsuspecting people receiving certain lots of the Salk Vaccine which contained presumably inactivated polio viruses.

In 1959, about 500 children in Germany and 1,000 elsewhere were born severely deformed because their mothers had taken thalidomide, a sleeping pill and tranquilizer during the early weeks of pregnancy.

In 1962, a cholesterol-lowering drug, triparanol, was removed from the market when it was acknowledged that the drug caused numerous side effects, cataracts among them.

Most of these pharmaceutical backfires were corrected either when the drug was removed from the market or when the manufacturing error was discovered and tighter controls were established.

The controls haven't been tight enough though, because drug disasters like these are going on every day.

The only apparatus that has grown stronger seems to be the machinery of keeping dangerous drugs moving from the factories through the hands of doctors into the mouths and bodies of unwary patients.

Reserpine, a Drug used, against High Blood Pressure, is still prescribed, **even though it was discovered in studies 5 years ago to Triple the Risk of Breast Cancer.**

Although **(pharmaceutical) insulin is turning up in scientific studies as one of the causes of Diabetic Blindness,** its use is still heralded as a medical miracle.

Drugs are the communion wafers of Modern Medicine.

As a matter of fact there are some Drugs and other procedures in which we know the placebo effect is the primary therapeutic agent!

A couple of years ago, the University of Chicago, was slapped with a $77 Million class-action suit filed on behalf of more than 1,000 women who unwittingly took part in a University experiment, some 25 years ago, with the Synthetic Hormone DES.

I knew of the experiment, which tested the use of diethylstilbestrol in preventing threatened miscarriages.

Neither I, nor the 1,000 or so women should have trusted the school, because the professors didn't know what they were doing.

In 1971, Dr Arthur L. Herbst of Harvard Medical School, first announced that an alarmingly high rate of daughters of women who had taken DES were developing Vaginal Cancer.

Later on we learned that male offspring of these women had an alarmingly high rate of Genital Malformations.

And a statistically significant number of the women themselves were dying of Cancer.

Of course, by then the bloom was off the rose as far as my unquestioning acceptance of medical science was concerned.

Modern Medicine sets up its Inquisition to define behavior which doesn't conform as sick.

Then it proceeds to "punish" the guilty by "managing" them with drugs.

One of the mottoes medical students are taught to memorize but never practice, such as "first do no harm", is "when you hear the sound of hoofbeats."

In other words when symptoms present themselves, first consider the most obvious, common sense cause.

As you can see, this motto doesn't survive very long in most doctors' practices.

If a child is bored or can't sit still, he's hyperactive and needs a drug.

If your joints are stiff because you don't exercise them the way you should, you need a drug.

If your blood pressure is a little high, you need a drug.

If you've got the sniffles, you need a drug.

If your life isn't going the way it should, your need a drug.

On and on… the zebras keep coming.

Perhaps what it will take to put the bypass under for good is the kind of courage it took one surgeon to pound the last nail into the coffin of "poudrage," a heart operation that was popular a few decades ago.

In this operation, they would open up the chest and simply sprinkle talcum powder on the outside of the heart.

Presumably, this would irritate the linings and the vessels so they would develop new blood vessels and increase circulation.

Poudrage was all the rage until a surgeon took a series of patients for the operation, opened all their chests, but sprinkled the powder on only half of them.

The results were exactly the same.

They all felt the same after surgery!

Diphtheria, once an important cause of disease and death, has all but disappeared.

Yet immunizations continue.

Even when a rare outbreak of Diphtheria does occur, **the immunization can be of questionable value.**

During a 1969 outbreak of diphtheria in Chicago, 4 of the 16 victims had been "fully immunized against the disease," according to the Chicago Board of Health.

5 others had received 1 or more doses of the Vaccine, and 2 of these people had tested at full immunity.

In another report of Diphtheria cases, 3 of which were fatal, 1 person who died, and 14 out of 23 carriers had been fully Vaccinated.

The effectiveness of the Whooping Cough Vaccine is hotly debated all over the world.

The possibility of:

1. High Fevers
2. Convulsions
3. Brain Damage

Is too high to ignore.

So great are the dangers, that many public health authorities now prohibit the use of the Vaccine after age 6. Whether or not the Mumps Vaccine is advisable is also in doubt.

Measles Vaccine is supposed to prevent Measles Encephalitis, which is said to occur in 1 out of 1,000 cases.

Any doctor who has had decades of experience with measles knows that while the incidence may be that high among children who live under poverty and malnutrition, among well nourished middle and upper class children the incidence is 1 in 10,000 or even one in 100,000.

The Vaccine itself is associated with Encephalopathy in 1 case per million and more frequently with other Neurologic and sometimes Fatal Conditions such as:

1. Ataxia (Dis-Coordination)
2. Retardation
3. Hyperactivity
4. Aseptic Meningitis
5. Seizures
6. Hemiparesis (Paralysis of one side of the body)

German Measles or Rubella Vaccine remains controversial in that there is little consensus regarding the age at which people should be immunized.

Vaccine for rubella may also do more harm than good, since there is a risk of Arthritis arising from the drug which, although temporary, may last for months.

In the United States, Rubella Vaccine is given to children rather than to women contemplating pregnancy.

It's debatable whether this does any good in protecting unborn fetuses since the rate of deformed babies born to mothers with obvious, diagnosed rubella varies from one year to the next, from one epidemic to the next, and from one study to the next.

Immunization isn't the only factor determining whether or not a person contracts a disease.

Numerous other factors such as nutrition, housing, and sanitation all figure strongly. Doubts persist as to whether the Whooping Cough (Pertussis) Vaccine, has really had much to do with the decline in that disease.

The Vaccines can Trigger the Disease

Sometimes the Vaccine itself can trigger the disease. In September, 1977, Jonas Salk testified along with some other scientists that of a handful of polio cases which had occurred in the United States since the early 1970s most were likely the by-product of the polio vaccine which is in standard use here.

The Influenza Vaccine Farce

Today, when the man credited with stamping out polio points to the Vaccine, as the source of the handful of cases which do exist, it's high time to question what we are gaining by using the Vaccine on an entire population.

The mad vehemence of Modern Medicine is nowhere more evident than in the yearly Influenza Vaccine farce.

I can never think about Flu Shots, without remembering a wedding I once attended.

Strangely enough, no grandparents were among the participants and no one seemed to be over age 60.

When I finally asked where all the old folks were, I was told they had all received their Flu Shots a few days before.

They were all at home recovering from the shots' ill effects!

The Real Dangers of Vaccines

The entire flu shot effort resembles some massive roulette game, since from one year to the next it's anybody's guess whether the strains immunized against will be the strains that are epidemic.

We were all afforded a peek at the Real Dangers of Flu Vaccines when in 1976, the Great Swine Flu Fiasco revealed, under close government and media surveillance, 565 cases of Guillain-Barre Paralysis resulting from the Vaccine, and 30 "unexplained deaths" of older persons within hours after receiving the shot.

I wonder what would be the harvest of disaster if we kept as close a watch on the effects of all the other Flu Shot Campaigns.

Dr John Seal, of the National Institute of Allergy and Infectious Disease, says:

"We have to go on the basis that any and all Flu Vaccines are capable of causing Guillain-Barre Syndrome." - Dr Robert Mendelsohn, MD, in "Confessions of a Medical Heretic", 1979.

Chronic Post-Vaccination Syndrome

"A Chronic Post-Vaccination Syndrome (PVS) after covid-19 Vaccination has been reported.

The Centers for Disease Control and Prevention (CDC), Notes **Complications Including:**

1. Anaphylaxis (severe, life-threatening allergic reaction, it can happen seconds or minutes after you've been exposed to something you're allergic to),
2. Thrombosis with Thrombocytopenia Syndrome (specifically after viral vector Vaccines),
3. Guillain-Barré Syndrome (specifically after viral vector Vaccines),
4. Myocarditis (inflammation of the heart muscle),
5. Pericarditis (swelling and irritation of the thin, saclike tissue surrounding the heart).

In this study, individuals who reported PVS after Covid-19 Vaccination had low health status, high symptom burden, and high psychosocial stress despite trying many treatments." - in "Post-Vaccination Syndrome: A Descriptive Analysis of Reported Symptoms and Patient Experiences After Covid-19 Immunization", medRxiv, 10 November 2023.

Vaccines May Cause Disease and Death

"Multiple Covid-19 Vaccinations might let hidden diseases surface, weaken immunity and lead to cancer and brain disorders, according to authorities from Chulalongkorn and Rangsit Universities.

The warning came from Prof Dr Thiravat Hemachudha, MD (Neurologist and a member of the WHO Expert Advisory Panel on Rabies), Director of the Thai Red Cross Emerging Infectious Diseases Health Science Centre at Chulalongkorn University, and Panthep Puapongphan, Dean of the College of Oriental Medicine at Rangsit University.

Prof Dr Thiravat, and Mr Panthep stated that there were efforts to conceal data about the people affected and killed by Vaccinations, and the official number of people affected by Vaccinations was thus unrealistically low.

Consequently, many people were unaware that Vaccinations affected them." - in "Long Covid, Vaccines May Cause Disease and Death: Chula, Rangsit", Bangkok Post, 14 January 2024.

> ***"And for those of you who may not be totally familiar with antibodies, you know, you have to know a number of people cannot be Vaccinated, like if you have an immune disease, lupus or some other immune condition, or multiple sclerosis, you cannot be Vaccinated.***
> ***So, there are millions of people in the world that will need the protection that cannot be coming from a Vaccine."*** *- Pascal Soriot, CEO of AstraZeneca, in "AstraZeneca meeting", September 2020.*

> ***"As advances in medicine have disposed of some old problems they have created new ones. Now, we can not only prolong life but can prolong dying as well."*** *- in Cover of "Behavioral Science in Clinical Medicine", 1976.*

Vaccine Trial Results Total Deaths 1,223

"BNT162b2 5.3.6 Cumulative Analysis of Post-Authorization Adverse Event Reports

Table 1. General Overview:

Selected Characteristics of All Cases Received During the Reporting Interval

Case Outcome: Fatal 1,223."

- in "BNT162b2 5.3.6 Cumulative Analysis of Post-authorization Adverse Event Reports", FDA-CBER-2021-5683-0000060, 090177e196ea1800, Approved On: 30-Apr-2021, Page 7, Report Prepared by: Worldwide Safety **Pfizer, 30 April 2021.**

Vaccine Side Effects Detected In Global Study of 99 Million

Two New Covid-19 Vaccine Side Effects, have been detected by researchers in the largest Vaccine safety study to date.

1. Neurological Disorder
2. Inflammation of the Spinal Cord

"Participants were individuals Vaccinated with Covid-19 Vaccines in the populations represented by the sites.
To the extent possible, standardized methods were applied across sites.

Australia – New South Wales,

Australia – Victoria,
France,
New Zealand, Scotland,
Argentina,
Canada,
Denmark,
Finland.

Results

Participants included 99,068,901 Vaccinated individuals.

Risk periods following homologous Vaccination schedules contributed 23,168,335 person years of follow-up. OE ratios with LBCI > 1.5 were observed for:

Guillain-Barr´e Syndrome (2.49, 95%) and

Cerebral Venous Sinus Thrombosis (3.23, 95 %) following the first dose of ChAdOx1 Vaccine.

Acute disseminated Encephalomyelitis showed an OE ratio of 3.78 (95 %) following the first dose of mRNA-1273 Vaccine.

The OE ratios for Myocarditis and Pericarditis following BNT162b2, mRNA-1273, and ChAdOx1 were significantly increased with LBCIs > 1.5.

Conclusion

This multi-country analysis confirmed pre-established safety signals for:

1. Myocarditis,
2. Pericarditis,
3. Guillain-Barr´e Syndrome,
4. Cerebral Venous Sinus Thrombosis.

Other potential safety signals that require further investigation were identified." - in "Covid-19 Vaccines and Adverse Events of special interest: A multinational Global Vaccine Data Network (GVDN) cohort study of 99 million Vaccinated individuals", Vaccine, 12 February 2024.

We Are Seeing Large Outbreak Neurodevelopmental Disabilities

"State Representative Nicole Klarides-Ditria: Thank you for your testimony. I just have one question.

Some of the Vaccines, and the Ingredients in the Vaccines we heard about could be Aluminum, could be Mercury.

Is there some concern that when these Ingredients are given to such young children that as we have heard, their immune systems are not completely developed yet?

If it stays in their system, and or stays in their brain, and does not come out of their system, as what we have heard is, it's supposedly supposed to leave their systems, what are your thoughts on that?

Dr Lawrence B. Palevsky, MD: Well, you heard earlier that there is no real concern about Aluminum because it's such a small amount, and so, it really shouldn't matter.

But, t**he kind of Aluminum that we put into Vaccines is a different kind of Aluminum that we see environmentally. This is called a Nanoparticle.**

And Nanoparticles bind really tightly to the bacteria antigens, the food protein antigens, and any other contaminants that are in the Vaccines that we may not know about.

And we know that the Biochemical properties of Nanoparticles is that they are capable of entering the brain. And so, we have not evaluated the safety of the Aluminum Nanoparticle, and its injection, and where it goes, when it gets into the body, and whether it gets into the brain.

Do Vaccine Ingredients belong in the brain? No.

Do they get in the brain?

No one has ever studied it, but animal studies using the same chemicals that are in Vaccines that we give to children, directly demonstrate that the Vaccine Ingredients do enter the brain. We are ignoring this information.

There are scientists, in Europe who have actually done

studies on the Aluminum Nanoparticle, and have shown that it can persist in the brain for years, and decades. And so what we are seeing is a large outbreak of Neurodevelopmental Disabilities in adults, including Alzheimer's. And one of the main factors that they're finding in the brains of people without Alzheimer's is the Aluminum Nanoparticle, that's directly related to the Vaccines that we're giving. So, we have never studied whether the Aluminum that we're giving in Vaccines gets into the brain, and we have never measured whether it stays in the brain, and what it does if it does stay in the brain. But we do know; that Vaccines are supposed to Cause Inflammation in the Body, but we have more than half of our children with Chronic Inflamed Conditions, and we have never allowed ourselves to ask the question if the Vaccines Cause Inflammation Acutely, do they continue to Create Inflammation Chronically?

We have:

1 in 5 with Neurodevelopmental Disabilities.
1 in 10 with Attention Deficit Disorder (ADD) and Attention Deficit Hyperactivity Disorder (ADHD).
1 in 35 with Autism.
1 in 11 with Asthma.
1 in 20 (under the age of 5) with Seizures.

And the Autoimmune Disease are exponentially rising, and we are finding that the bacteria that we are injecting into the body along with the Adjuvants, create something called Molecular Mimicry. We know this about Hepatitis B, we know it about the Gardasil Vaccine, and we know it about the Flu Vaccine, and we continue to say unequivocally that the Vaccines have been studied effectively, and that they're safe and that's just not true." - Dr Lawrence Palevsky, MD, in "Public Health Committee Hearing on Proposed Legislation Concerning Immunizations", Connecticut General Assembly, 19 February 2020.

Sudden Infant Death Syndrome (SIDS)

An ounce of prevention is better than a pound of cure

This seems to be a lure to the unwary who might buy into what they do not need and to what might be harmful to them.

Let us look at the contemporary scene of Vaccination.

I have frequently observed that great discoveries almost invariably come from outside the profession they concern.

All of us in the medical profession have been alarmed and concerned about the increasing incidence of sudden infant deaths in recent decades.

The realization of this phenomenon has crept upon the profession of pediatrics only gradually after a lot of initial denial.

The scenario is usually that of an infant found dead in its crib for no apparent reason.

> *"On 12 October 1985, my life changed profoundly. [She goes on to an explanation of the development of a monitoring system for babies' breathing, and* ***came to the realization that with the use of this device by volunteer parents, an altered pattern of breathing occurs before the Sudden Death*** *(shallow breathing)]."*

We also learned, from parents who monitored a subsequent **child after a cot death, that most commonly the previous child had died after Diphtheria, Pertussis, Tetanus vaccination.**

We realized that a great number of cot deaths follows DPT injections, and we felt that we had to address the issue. However, when we approached a few pediatricians with this observation and conclusion, we realized that we had touched a very sensitive, contentious issue.

Measles Vaccine is associated with Central Nervous System Immune Problems.

The Mumps Vaccine might have increased the attack rate.

There were some reports of Serious Neurological Sequelae probably associated with the Vaccine.

Rubella Vaccination has developed a similar reputation.

Influenza Vaccination, although promoted extensively by the authorities, is probably ineffectual (I base this on 20 years of personal experience as a provider of this Vaccine), and certainly has been associated with nasty Neurologic Complications such as Guillian-Barrè Syndrome.

The incidence of polio declined before the advent of the Vaccine and rose again after the introduction of the Salk Vaccine itself.

It has been suggested that the Pertussis Vaccine, or at least the DPT Vaccine, might have somehow provoked the polio epidemic.

Hill wrote:

> *"Early in the epidemic, attention was directed to a few patients who had been given an* ***Injection of Pertussis Vaccine, or of a mixture of Diphtheria Toxoid and Pertussis Vaccine, shortly before the onset of their symptoms.*** *The parents of these children were naturally inclined to blame the inoculations for the development of the disease".*

Hill, the famous British statisticians (best known for their research on the relationship between smoking and lung cancer) wrote: **"This paralysis has sometimes been limited to the limbs in which the injection was made." Sometimes it has involved other limbs, as well in most cases the diagnosis of poliomyelitis was made in commenting on the sporadic illnesses seemingly provoked by the Pertussis Vaccine.**

Two separate epidemiological studies have shown a high correlation between the spread of Acquired Immune Deficiency Syndrome (AIDS) with both Vaccination against polio, and Vaccination against smallpox.

It has been suggested, for instance, that the present epidemic of chronic fatigue syndrome is merely polio in a new dress. The humanitarian attempt by Rotary International to eradicate polio world-wide by vaccinating the children of the world may, alas, and accordingly, represent a disaster waiting in the wings." - Dr Thomas Dorman, MD, in "Vaccination", March 1999.

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Kidney Disorder From Childhood Vaccines

Membranous Nephropathy is a Kidney Disorder that leads to changes and inflammation of the structures inside the kidney that help filter wastes and fluids.

The Inflammation may lead to Problems with Kidney Function.

Bovine Serum Albumin (BSA) is a major component of Fetal Bovine Serum (FBS), which is commonly used as a culture medium during Vaccine production.

The relationship between Bovine Serum Albumin (BSA), a common Vaccine ingredient, and a very difficult-to-treat form of Kidney Disease called Idiopathic Membranous Nephropathy (IMN).

"Some patients with childhood Membranous Nephropathy have both circulating cationic bovine serum albumin and anti–bovine serum albumin antibodies.

Bovine serum albumin is present in immune deposits, suggesting that cationic bovine serum albumin is pathogenic through binding to the anionic glomerular capillary wall and in situ formation of immune complexes, as shown in experimental models.

Membranous Nephropathy is the most common cause of the Nephrotic Syndrome in adults, but is rare in children.

The central pathogenesis involves the formation of subepithelial immune deposits that are responsible for functional impairment of the glomerular capillary wall.

Two major antigens have been identified.

The first is neutral endopeptidase, the alloantigen involved in neonatal cases of membranous nephropathy, and the second is the M-type phospholipase A2 receptor (PLA2R), which has been identified in idiopathic membranous nephropathy.

Idiopathic Membranous Nephropathy is considered an autoimmune disease, whereas secondary forms involve exogenous antigens such as viral, bacterial, and tumoral antigens.

It is likely that a growing number of cases of "idiopathic" **membranous nephropathy will be reclassified as secondary once nonglomerular antigens are identified.**

We report on a mechanism for childhood membranous nephropathy involving anti–bovine serum albumin antibodies and a modified food-derived antigen, cationic bovine serum albumin, which appears to become planted in the anionic glomerular capillary wall, thus inducing in situ formation of immune complexes." - in "Early-Childhood Membranous Nephropathy Due to Cationic Bovine Serum Albumin", NEJM, 2 June 2011.

Chapter 7

The Never-ending List of Forced Vaccines

"The Medical Trade Late 1940s Recommended Vaccines

Smallpox, Diphtheria*, Tetanus*, Pertussis*
(* Given in combination as DTP)
The polio vaccine
The polio vaccine was licensed in 1955.

The Medical Trade Late 1950s Recommended Vaccines

Smallpox, Diphtheria*, Tetanus*, Pertussis*, Polio (IPV)
(* Given in combination as DTP)

More vaccines followed in the 1960s — measles, mumps and rubella

In 1963, the measles vaccine was developed, and by the late 1960s, vaccines were also available to protect against mumps (1967) and rubella (1969). These 3 vaccines were combined into the MMR vaccine.

Late 1960s Recommended Vaccines

Smallpox, Diphtheria*, Tetanus*, Pertussis*, Polio (OPV), Measles, Mumps, Rubella

Late 1970s Recommended Vaccines

Diphtheria*, Tetanus*, Pertussis*, Polio (OPV), Measles**, Mumps**, Rubella** (* Given in combination as DTP)
(** Given in combination as MMR)

Vaccine development in the 1980s — hepatitis B and Haemophilus influenzae type b

The vaccine for Haemophilus influenzae type b was placed on the recommended schedule in 1989.

The hepatitis B vaccine was not new, as it had been licensed in 1981 and recommended for high-risk groups such as infants whose mothers were hepatitis B surface antigen positive, healthcare workers, intravenous drug users, homosexual men and people with multiple sexual partners.

However, immunization of these groups didn't effectively stop transmission of hepatitis B virus.

1985 - 1994 Medical Trade Recommended Vaccines

Diphtheria*, Tetanus*, Pertussis*, Measles**, Mumps**, Rubella**, Polio (OPV), Hib

1994 - 1995 Medical Trade Recommended Vaccines

Diphtheria*, Tetanus*, Pertussis*, Measles**, Mumps**, Rubella**, Polio (OPV), Hib, Hepatitis B

(* Given in combination as DTP)

(** Given in combination as MMR)

Annual updates to the immunization schedule — 1995 to 2010

New vaccines were also added.

Changes to the schedule between 1995 and 2010 included:

- New vaccines: Varicella (chickenpox - 1996), rotavirus (1998-1999; 2006, 2008); hepatitis A (2000); pneumococcal vaccine (2001)
- Additional recommendations for existing vaccines: influenza (2002); hepatitis A (2006)
- New versions of existing vaccines: acellular pertussis vaccine (DTaP ,1997); intranasal influenza (2004)
- Discontinuation of vaccine: Oral polio vaccine (2000)

2000 Medical Trade Recommended Vaccines

Diphtheria*, Tetanus*, Pertussis*, Measles**, Mumps**, Rubella**, Polio (IPV), Hib, Hepatitis B, Varicella, Hepatitis A

2005 Recommended Vaccines

Diphtheria*, Tetanus*, Pertussis*, Measles**, Mumps**, Rubella**, Polio (IPV), Hib, Hepatitis B, Varicella, Hepatitis A, Pneumococcal, Influenza

2010 Recommended Vaccines

Diphtheria*, Tetanus*, Pertussis*, Measles**, Mumps**, Rubella**, Polio (IPV), Hib, Hepatitis B, Varicella, Hepatitis A, Pneumococcal, Influenza, Rotavirus
(* Given in combination as DTaP)
(** Given in combination as MMR)

The Medical Trade Vaccine Schedule from 2011 to 2022

The schedules are reviewed by committees of experts from the Centers for Disease Control and Prevention (CDC), American Academy of Pediatrics, American Academy of Family Physicians.

Important changes to the schedule:

- New vaccines: meningococcal serogroup B vaccine (2014)
- Additional recommendations for existing vaccines: HPV (2011 to routinely vaccinate males), intranasal influenza vaccine (2018 again recommended)
- Discontinuation of vaccine: intranasal influenza vaccine (2016)

2020 Medical Trade Recommended Vaccines

Diphtheria*, Tetanus*, Pertussis*, Measles**, Mumps**, Rubella**, Polio (IPV), Hib, Hepatitis B, Varicella, Hepatitis A, Pneumococcal, Influenza, Rotavirus

(* Given in combination as DTaP)

(** Given in combination as MMR)

Combination Vaccines

In the early 1950s, 4 vaccines were available: diphtheria, tetanus, pertussis and smallpox. Because 3 of these vaccines were combined into a single shot (DTP), children received 5 shots by the time they were 2 years old and not more than one shot at a single visit.

By the mid-1980s, 7 vaccines were available: diphtheria, tetanus, pertussis, measles,mumps, rubella and polio.

Because 6 of these vaccines were combined into 2 shots (DTP and MMR), and one, the polio vaccine, was given by mouth, children received 5 shots by the time they were 2 years old and not more than one shot at a single visit.

Since the mid-1980s, many vaccines have been added to the schedule.

The result is that the vaccine schedule has become more complicated than it once was, and children are receiving far more shots than before.

Today children can receive as many as 27 shots by 2 years of age and up to 6 shots in a single visit.

Combinations of vaccines are now available:

Diphtheria, tetanus and acellular pertussis

Diphtheria, tetanus, acellular pertussis, and inactivated polio

Diphtheria, tetanus, acellular pertussis, inactivated polio and hepatitis B

Diphtheria, tetanus, acellular pertussis, inactivated polio and Haemophilus influenzae type b

Diphtheria, Tetanus, acellular pertussis, inactivated polio,

Haemophilus influenzae type b, and hepatitis B
Measles, Mumps and Rubella
Measles, Mumps, Rubella, and Varicella
Hepatitis A and Hepatitis B (only for those 18 years of age and older)

2000 Recommended Combination Vaccines

Td
Catch-up: MMR, Hepatitis B, Varicella
Sub-groups: Hepatitis A

2005 Recommended Combination Vaccines

Tdap
Catch-up: MMR, Hepatitis B, Varicella
Sub-groups: Hepatitis A, Pneumococcus, Influenza

2010 Recommended Combination Vaccines

Tdap, HPV, Meningococcal conjugate (serogroups A,C,W,Y), Influenza
Catch-up: MMR, Hepatitis B, Varicella, Polio
Sub-groups: Hepatitis A, Pneumococcus

2020 Recommended Combination Vaccines

Tdap, HPV, Meningococcal conjugate (serogroups A,C,W,Y), Influenza, Meningococcal serogroup B
Catch-up: MMR, Hepatitis B, Varicella, Polio
Sub-groups: Hepatitis A, Pneumococcus

Vaccines for Adults — Increasing "Opportunities for Health"

Historically, vaccines were deemed to be "only for children." However, vaccines for adults are becoming increasingly common." - in "Children's Hospital of Philadelphia", 30 July 2022.

"Brain function, especially in children, is often evaluated by intelligence tests resulting in an Intelligence Quotient (IQ). IQ scores, after having increased for most of the 20th century, have been going down since the mid-1990s. The decline is well documented across Europe, the U.S. and Australia." *- in "Op-ed: Are we getting dumber? Endocrine-disrupting chemicals are an assault on children's developing brains", Environmental Health News, 21 July 2022.*

The Entry of Bill Gates in the Vaccine Arena - 2002

"The Bill and Melinda Gates Foundation has purchased shares in 9 big pharmaceutical companies valued at nearly $205 Million - an investment likely to attract attention more for its symbolism than its size.

Chairman Bill Gates and his wife, already is a major force in international health issues, contributing $555 Million in 2000 alone to Global Health Programs. At times, it has assumed the role of a broker between poor nations and drug companies." - in "Gates Foundation Buys Stakes in Drug Makers", The Wall Street Journal, 17 May 2002.

Vaccine Makers Enjoy Immunity - 2009

"The court - and the law that established it more than two decades ago - buffers Wyeth and other makers of childhood-disease vaccines from much of the litigation risk that dogs traditional pill manufacturers and is an important reason why the vaccine business has been transformed from a risky, low-profit venture in the 1970's to one of the Pharmaceutical Industry's most attractive product lines today." - in "Vaccine Makers Enjoy Immunity", 23 February 2009.

The Future of the Pharmaceutical Industry is in Vaccines

"Dr Andrew Wakefield, MD - The Future of the Pharmaceutical Industry is in Vaccines. The standard pharmaceutical agents drugs are going off-patent, they're opening up to generics, there's nothing obviously new in the pipeline, you can only sell so much Viagra, so what we're doing is we're seeing the Wall Street Journal reporting that the future of the Pharmaceutical Industry is in vaccines. There are 270 or so new vaccines in the pipeline, many of which are going to find their way onto the market. If there is a major question over the safety of a vaccine that for years they have been saying is perfectly safe and effective, if there is a question mark over that, then it is devastating to the industry. Because what it means is a moratorium on the introduction of any of those new 270 vaccines, it means that they have to go back and start treating vaccines like they treat pharmaceutical agents and compare them in large controlled studies that last for a long time to assess safety, at that at the moment they don't have to do that they aren't held to the same standard. So, for the industry it's going to be incredibly expensive and it's going to put the future of that industry on hold for a very long time, so I think that's a large part of the reason that they do not want to even consider the possibility that this vaccine may be harmful.

Polly Tommey - From my point of view as a mother how on earth what they were gonna have to save the MMR, sorry guys it's not safe how on earth do they begin to compensate the millions of kids they damaged it will bankrupt everybody?

Del Bigtree - Talking about the largest class action lawsuit in the history of the world." - in "Dr Andrew Wakefield, MD, explains why the MMR vaccine won't be recalled, even though many believe it is dangerous", BehindTheVelvetRope, 29 April 2016.

The Universal Flu Vaccine - 2014

"At the forefront of these revolutionary possibilities is personalized medicine, which is the idea of precisely tailoring each person's medical care to his or her own unique genetic makeup.

In fact, if all goes as we envision, today's mostly one-size-fits-all approach to medical care will seem as outdated to future generations.

Combined with the use of mobile health technology to assist in real-time monitoring of such things as diet, exercise, blood pressure, heart rate and blood chemistries.

Infectious diseases will not vanish, but we will find new ways to fight them off.

A "Universal Flu Vaccine" will be developed in the next decade that will make the need for annual injections obsolete, and — even more important — will render moot the threat of a future (currently overdue) world-wide epidemic." - Francis S. Collins, Director of the National Institutes of Health (NIH), in "Medicine in the Future Will Be Tailored to Your Genes", The Wall Street Journal, 7 July 2014.

The Increase of Vaccination And The Rise of Health Disorders In Children Side by Side

"I do think there is a a worldwide horrible pandemic.

It has nothing to do with sickness, and it certainly has nothing to do with the "virus".

It's a pandemic of people who have decided not to think. I knew, I wasn't going to do that medicine.

In my residency of Family Medicine, we had a child who was given a DPT shot ["Diphtheria", "Pertussis" (whooping cough), "Tetanus"], and then the next day, they died.

And we lied about it. Luckily, I didn't do it, but you know, t**hey said it had nothing to do with it.**

It was Sudden Infant Death Syndrome (SIDS), and they reported nothing.

And I knew that, you know, this is like a criminal enterprise.

And I refused even in my residency to vaccinate children.

Actually of my 3 children their entire childhood, they went to a doctor once, all the 3 of them.

So, I already knew that the whole vaccine thing was, but I didn't know was; that I didn't know that much about it.

I didn't know about "viruses", but I knew that there was something stinky about this whole business, and then I spent my whole career trying to figure it out." - Dr Tom Cowan, MD in "Pandemic of Not Thinking", interview by Dr Sam Bailey, MD, 23 November 2021.

Sudden Infant Death After Vaccination

"One cannot determine which vaccination affected the body adversely or in what way because the infants had received many vaccinations.

This study found that the most frequent vaccine used before death was Hib [Haemophilus influenzae type B Vaccine].

In conclusion, there were a couple of SID cases in which the relations to vaccination was suspicious.

Particularly, such a relation was observed after combined vaccination of Hib and S. pneumoniae, exhibiting histopathological features similar to MAS/HLH." - in "Sudden Infant Death After Vaccination", The American Journal of Forensic Medicine and Pathology, **September 2019.**

"The evidence favours acceptance of a causal relation between PRP vaccine and death from early-onset Hib disease in children 18 months of age or older who receive their first Hib immunization with unconjugated PRP Vaccine (polyribosylribitol phosphate)." *- in "**Adverse Events Associated with Childhood Vaccines**: Evidence Bearing on Causality", National Academies Press, **1994.***

*"The ABC news program 20/20 aired a story in **1999 claiming that Hepatitis B Vaccine caused Sudden Infant Death Syndrome (SIDS).** The story included a picture of **a 1 month old girl who died of SIDS only 16 hours after receiving the second dose of Hepatitis B vaccine."** - in "Vaccines and Sudden Infant Death Syndrome (SIDS)", The Children's Hospital of Philadelphia, 7 **January 2019.***

18 Child Deaths Following Vaccinations - 2006

"18 Babies and Toddlers have Died following childhood Vaccinations in just 4 years, a secret Government report reveals. **4 Deaths have been linked to suspected adverse reactions to the Measles, Mumps and Rubella (MMR) triple jab**, according to documents prepared for the Government's expert advisers on immunisation.

The jab has been beset by fears of a **link to Autism and Bowel Disease, since its introduction in 1998.** Experts said that **the true figures for suspected fatalities and serious side effects could be much greater.** Dr John Griffin, the former Editor of the Medical Journal Adverse Drug Reactions, said: **"For fatalities, it is probably only 1 in 2 which gets reported and for other side effects 1 in 10."** This means that almost 40 baby deaths could have occurred following jabs between 2001 and 2004, and 8,000 serious adverse reactions." - in "Secret report reveals 18 Child Deaths Following Vaccinations", Telegraph, **13 February 2006.**

40 Child Deaths Linked to Vaccines - 2010

"40 children are suspected to have died as a result of receiving routine Vaccines in the past 7 years.

Childhood Vaccinations are also suspected of having left **2 young children with Brain Injuries and caused more than 1,500 other Neurological reactions, including 11 cases of Inflammation of the Brain, 13 cases of Epilepsy and a Coma.** The Medicines and Healthcare products Regulatory Authority (MHRA) following a request by The Sunday Times under the Freedom of Information Act, shows that, **since 2003, there have been more than 2,100 Serious Adverse Reactions to childhood Vaccines, some of which were life-threatening."** - in "40 deaths linked to child vaccines over seven years", The Times, **24 October 2010.**

The Appearance of Diseases in Children After Vaccination

"The last time I was invited to give a speech to the NHS personnel, some years ago, I was hired, I was given a contract to give a speech to NHS personnel and at the last minute, I was told:

"Pleased don't go. We'll pay you anyway, but don't go because we aren't allowed to have you."

This was to speak to the NHS personnel about Drug Side Effects, on which I think **I've probably written more than anybody else on the planet.**

They said: **"We don't want you to come and speak about Drug Side Effects to NHS personnel because there's been an objection."**

And I said, "well, **have you got else to speak in my place",** and they said:

"Yes, we've got somebody from the Pharmaceutical Industry."

That was some years ago, and that's how it works.

The Pharmaceutical Industry owns the Medical Profession, the Pharmaceutical Industry owns the NHS, the NHS pays a ridiculous amounts of money for the a lot of the rubbish that they buy.

The COVID jabs are just part of that.

The Companies made billions.

And that they are going to continue to make billions because of course even if they stopped giving COVID.

But if you want our COVID jab, you have to have your Flu Jab.

Children now have 40, 50, 60 different jabs, and just a few months old being given jabs

If you ask, well, what tests been done to see whether all these Jabs are safe, when they're all given together?

Oh, look, we don't do that sort of thing. **We test the individual drugs and then we put in all these drugs into a growing immune system, and then we get surprised at the number of people who suddenly have Asthma, or the number of people who suddenly have Autism.**

But isn't it an amazing coincidence.

If you look at the darts of people who have number of children who've been vaccinated with one thing or another.

They're a match almost exactly and all of those diseases like Polio and smallpox were not eradicated by vaccines.

If you look at the facts, if you look at the figures, you'll see that the the vaccines were usually brought in long after the movement.

It was the massive improvement [in hygienic conditions].

That's the other, that's the other big lie is that doctors and drug companies have improved life expectancy in the last century." - Dr Vernon Coleman, MD, in "UK Column", 1 September 2022.

Children Don't Need Useless And Dangerous Medical Trade Vaccines They Need Better Hygiene

"In 2017 there were 48.9 million cases and 11 million sepsis-related deaths worldwide, which accounted for almost 20% of all global deaths.

In 2017, almost half of all global sepsis cases occurred among children, with an estimated 20 million cases and 2.9 million global deaths in children under 5 years of age.

Significant regional disparities in sepsis incidence and mortality exist; approximately 85.0% of sepsis cases and sepsis-related deaths worldwide occurred in low- and middle-income countries." - in "Sepsis", WHO, 26 August 2020.

Chapter 8

Autism

"We see an odds ratio of 5 when comparing Autism in Vaxxed versus Unvaxxed in multiple studies.

The before / after odds are even more extraordinary.

We can come up with amazing anecdotes, e.g., 40 cases of instant Autism within 2 weeks after the Vaccine in a Medical Practice, and 0 cases before.

There are at least 214 papers in the peer-reviewed literature linking Vaccines and Autism.

Autism mom Ginger Taylor compiled a list of 214 studies showing the link between Vaccines and Autism:

www.scribd.com/doc/220807175/214-Research-Papers-Supporting-the-Vaccine-Autism-Link

Here's a list of 30 key papers:

healthimpactnews.com/2013/30-scientific-studies-showing-the-link-between-vaccines-and-autism/

There are also 400 papers showing how dangerous the Vaccines are in general: "Miller's Review of Critical Vaccine Studies: 400 Important Scientific Papers Summarized for Parents and Researchers", 2016.

How can we ignore all this evidence?" - Steve Kirsch, Founder of Vaccine Safety Research Foundation, in "If Vaccines don't cause Autism, then how do you explain all this evidence?", 17 June 2023.

1 in 36 Children in the United Kingdom with Autism

"In 2021, a study found a **787% rise in the number of diagnoses between 1998 and 2018 in the UK.**

Increases in diagnoses have been a feature of Autism for almost as long as it has been a recognised condition: 80 years ago, Autism was thought to affect 1 in 2,500 children.

That has gradually increased and **now 1 in 36 children are believed to have Autism Spectrum Disorder (ASD)."** - in "What's behind the UK's increase in autism diagnoses?", The Guardian, 4 March 2024.

> *"With as many as 1.2 Million Autistic people in England, as well as up to 2.2 Million people with Attention Deficit Hyperactivity Disorder (ADHD).*
> *In December 2023, there were 172,022 patients with an open referral for suspected Autism, the highest number ever reported. Around 172,040 people were on waiting lists as of December 2023 - up from 117,020 a year earlier and more than* ***5 times the 32,220 recorded in December 2019."*** *- in "NHS cannot meet "Avalanche" of demand for Autism and ADHD services, warns thinktank", Sky News, 5 April 2024.*

"There has been a more than 5-Fold Increase in the number of open suspected Autism referrals since 2019.

Between 2019/20 and 2022/23, there was a 51% increase in the number of patients prescribed medication for ADHD.

Between 2019/20 and 2022/23, the 25-44 age groups saw the biggest increases in patients being prescribed ADHD medication.

There was a 28% increase in the 10-14 age group, which compares to a 146% increase in the 30-34 age group." - in "The rapidly growing waiting lists for Autism and ADHD assessments", Nuffield Trust, 4 April 2024.

1 in 36 Children in the United States with Autism

"The Centers for Disease Control and Prevention (CDC), released its update on Autism's estimated prevalence among the nation's children.

Their research is based on active surveillance across 11 monitoring sites in the U.S. for 8-year-old children in 2020.

The new report shows an increase in prevalence with **1 in 36 children or over 2.7% of 8-year-old children diagnosed with an Autism Spectrum Disorder in 2020."** - in "CDC Estimate On Autism Prevalence Increases To 1 In 36 Children In U.S.", Forbes, **23 March 2023.**

> *"Data from the CDC suggests that Autism Spectrum Disorder (ASD) is becoming more commonly identified in children. According to a 2020 study of 11 surveillance sites in the CDC Autism and Developmental Disabilities Monitoring Network,* ***1 in 36 children were estimated to have Autism Spectrum Disorder, up from 1 in 44 in 2018, and 1 in 150 children in 2000."*** *- in "Is Autism Increasing?", USA Facts,* ***3 November 2023.***

"According to the CDC, the prevalence of Autism among U.S. children has risen significantly in recent years.

While 6.7 in 1,000 children were diagnosed with Autism Spectrum Disorder (ASD) in 2000.

That number had risen to 27.6 in 1,000 children by 2020.

This means that currently 1 in 36 children in the U.S. get diagnosed with Autism (ASD), up from 1 in 150 children 20 years ago." - in "The Rising Prevalence of Autism Autism Spectrum Disorder", Statista, **2 April 2024.**

1 in 25 Children in Australia with Autism

"International studies that show Autism prevalence rates of 1 in 36 children in the United States, 1 in 50 children in Canada, and 1 in 57 children in the United Kingdom. In Australia, it is about 1 in 25. The Australian statistics were most similar to those in Japan." *- in "The unique factor that could explain why autism rates in Australia are growing faster than the global average", The Sydney Morning Herald, 12 November 2023.*

"Research suggests the NDIS has fuelled **Australia's diagnosis rates to be among the highest in the world at 1 in 25 children.**

But the same research reported **Japan – with early identification and supports in place since the early 1990s – has similar rates.**

A recent screening study we conducted with 13,511 Victorian children aged one to 3.5 years found **1 in 31 (3.3%) were Autistic.**

This finding was based on data collected between 2013–18 (before and during the rollout of the NDIS).

The **United Kingdom reports a prevalence rate of 1 in 34,** based on 2000–2018 data for 10- to 14-year-olds.

The **United States Centers for Disease Control and Prevention report a 2020 prevalence rate of 1 in 36 children aged 8.**

Before the full nationwide rollout of the NDIS, 2020 research based on the Longitudinal Study of Australian Children showed a prevalence rate of 1 in 23 (4.4%) in 12- to 13-year-olds – even higher than the recently reported paper claiming NDIS was driving up Autism diagnosis rates." - in "Australia's rates of autism should be celebrated – but real-life impact, not diagnosis, should determine NDIS support", The Conversation, 21 November 2023.

"The number of Australians with an Autism diagnosis has surged in recent years.
It's thought at least 200,000 Australians have an Autism diagnosis, ***though the true number of autistic people is likely to be much higher."*** *- in "The government is looking to improve the lives of Autistic Australians and wants your advice", ABC Australia, 1 April 2024.*

1% to 2% of the Population in France with Autism

"In April 2018, the government reported 700,000 cases of Autism, including 100,000 children, and that 1 in 100 children had ASD (identified in 2017).

Today 12 March 2020, national public health bulletin mentions that 119,260 people have Autism (identified 2017), representing 0.18% of the population

In 10 years time, the prevalence of Autism has tripled from 2.3 to 7.7 children per 1,000 in the Haute-Savoie region.

In the Haute-Garonne region, there were 12.3 cases per 1,000 for children born between 2007 and 2009.

For children born in 2010, the rate of prevalence ranges from 8-10 cases out of 1,000." - in "French Cases of Autism on the Rise", Alliance VITA, 12 March 2020.

"How to explain the sharp rise in Autism cases in industrialised countries in recent years?
The prevalence of Autism in France has tripled in 10 years." *- "Rise in Autism Cases", Focus, France24, 2 April 2024.*

"In France today, 1 to 2% of the population is directly affected by Autism spectrum disorders (ASDs), a set of conditions that fall more broadly into the category of Neurodevelopmental Disabilities, which as a whole impacts 1 in 6 persons.

In this context, a new national strategy for neurodevelopmental diseases was launched in France on 22 November, 2023." - in "Autism in a new light", French National Center for Scientific Research, CNRS News, 7 March 2024.

Key Autism Statistics & Facts

"According to the CDC, around 1% of the world's population has Autism spectrum disorder – over 75,000,000 people.

In 2022, 1 in every 100 children are diagnosed with Autism spectrum disorder.

In 2023, the CDC reported that around **1 in 36 children in the United States is diagnosed with Autism.**

Autism prevalence has increased 178% since 2000.

The country with the Highest Rate of Diagnosed Autism in the world is Qatar.

The country with the lowest rate of Autism is France.

The state with the highest rate of diagnosed Autism is Florida.

The state with the lowest rate of diagnosed Autism is Texas." - in "69+ Autism Statistics: How Many People Have Autism?", Cross River Therapy, 2 May 2022.

> ***"Vietnam, you know, Vietnam doesn't have anything. There's no such thing as Autism in 1975. In 2001, there's no such thing. When Vietnam signed into the World Health Organization (WHO), and when when Vietnam signed into the International Monetary Fund (IMF), the Banking System, Bill Gates and the Gates Foundation, introduced the Vaccination Program into Vietnam. Now Vietnam has over a 300% rise in Autism."*** *- Dr Anthony Phan, MD in "Vaxxed", 2016.*

Qatar Has the Highest Rate of Diagnosed Autism in the World

"In Qatar, the prevalence of ASD has been estimated at 1.81%." *- in "Prevalence of Autism Spectrum Disorders in Qatar", Qatar Foundation Annual Research Forum Proceedings, May 2012.*

"A new Measles, Mumps and Rubella (MMR) Vaccination drive in Qatar's schools.

Last month, officials announced that all children in schools across the country would be given MMR booster shots between 17 October and 14 November 2016.

The move comes as part of a global initiative to eradicate the highly infectious virus by 2020.

Many countries have used a third MMR Vaccine, and experts say that it is safe to do so, but some parents say they are still concerned about the idea.

According to **Qatar's Vaccination schedules, children should be given 2 MMR shots: 1 at 12 months, and the second at 18 months.**

The government said it intends to administer a booster dose to all children between the ages of 1 and 13, "regardless of prior Vaccination status." - in "New MMR Vaccination requirements confuse parents in Qatar", Doha News, 7 October 2016.

"The healthcare system in the UAE is among the finest in the world – it's so good that it attracts hundreds of thousands of medical tourists each year. In addition, the government has mandated the Vaccinations children must have from the time they're born until they reach 16 to 17 years old." *- in "Vaccinations in the UAE", Expatica, 29 March 2024.*

France Mandatory Vaccines Increased In 2018 From 3 To 11

"Since 2018, the number of Mandatory Vaccines in France has increased from 3 to 11.

As a result of such measures, immunization rates have increased over the last years in France.

Immunization Rates by Mandatory And Recommended Vaccines

According to the infant immunization rate by a Hexavalent Vaccine, nearly all French infants born in 2020 received at least 1 dose.

Similarly, the share of infants who received a **Pneumococcal Vaccine increased to 99.7% among infants born in 2020.**

A year after being made Mandatory, the share of infants who received an MMR Vaccine (Measles, Mumps, and Rubella) stood at 92.2%.

However, infants who received a **Meningococcal Vaccine showed even lower inoculation rates.**

The French health authorities, in alignment with the World Health Organization (WHO), recommend certain Vaccines.

In addition to 11 Mandatory Vaccines, the French health authorities commonly recommend 4 Vaccines depending on risk factors: Tuberculosis, Influenza, Typhoid, and HPV.

As a result of Prevention Campaigns, the share of young women Vaccinated against HPV or the share of people Vaccinated against influenza notably increased in the country.

Vaccination rates have thus improved in France and are one step closer to full coverage." - in "Vaccination in France - Statistics & Facts", Statista, 10 January 2024.

The Link Between Vaccines And Autism

"Few medical battles are more charged than that between **parents who believe mercury in their children's Vaccines brought on Autism** and the Medical Establishment.

> *"All of us have been told pretty much the same thing. The doctors all say this is very, very serious and this is a very debilitating disorder.* ***There is no cure and there are no treatments. So we're at odds with the medical community now."*** *- Christina Blakey, Oak Park mother with 6 year old son with Autism*

After Blakey found a Chicago-area doctor willing to work with her son on a treatment called chelation therapy - which removes mercury and other toxic metals from the body - she saw dramatic change in her son's behavior." - in "Chicago Tribune", 25 June 2006.

Autism Is A Toxicological Disorder

"I want to clarify some of the comments Meg McSherry Breslin, staff reporter, Chicago Tribune, made, particularly about my own involvement, which I think are misleading.

I am no longer "trying to dig up" evidence to prove Vaccines cause Autism.

There is already abundant evidence, the same conclusion made by a 2003 US Congressional Committee.

This debate is not scientific, but is political.

I am trying to encourage physicians who have been badly misled by nothing less than spin and propaganda to review the extensive scientific evidence for themselves showing the Vaccine-Autism link, even though "experts" disagree.

I am also lobbying to get mercury removed from Vaccines.

The statement indicating mercury "has been phased out of most childhood Vaccines" is a gross distortion of the truth.

The Flu Vaccine contains a very large amount of mercury, and the number of flu shots given to children has increased dramatically since 2004.

Contrary statements are commonly provided by public health officials and representatives from the **American Academy of Pediatrics, an organization receiving Tens of Millions of Dollars from Drug Makers**, when in fact, the only thing that counts is how much cumulative mercury is still being given to children in Vaccines.

In 1999, it was 237 micrograms in the first 4 years of life, in 2003 it had dropped to below 5 micrograms, but today it is back up to 125 micrograms when you include Prenatal Flu Vaccine exposure.

On a weight-adjusted basis, the exposures really have not declined at all.

The "passion" you spoke of that provides my motivation does not come from the fact that this disorder is difficult to manage.

The passion comes from the fact that:

1. This is a preventable disorder.

2. We are still harming children by injecting them with 11-16 times the amount of Mercury the EPA considers safe.

3. The disorder is treatable.

Everyone in your column that denies the link in fact has a conflict of interest or strong bias to not believe it is a Vaccine issue.

There are many peer-reviewed papers on the success of treating children through a variety of interventions, mostly Dietary and Biological Supplements aimed at treating measurable biochemical abnormalities.

If Autism was a psychiatric disorder, then why do children have abnormal laboratories in dozens of tests that evaluate the immune system, Biochemical Derangements,

Nutritional Deficiencies, Infectious Agents, and Toxicological Abnormalities to name a few.

Autism is beyond the expertise of psychiatrists and psychologists who can only use behavioral therapy or drugs to treat.

It is no wonder they say there is no treatment.

Many "experts" such as Dr Levinthal, are consultants for the Drug Industry, and have very strong bias to not even consider the science that threatens their livelihood.

If it were to be accepted that **Autism Is A Toxicological Disorder**, patients would leave their practices in search of appropriate biomedical therapies. This is a financial conflict of interest.

The idea that Mercury is associated with a Neurodevelopmental Disorder is not restricted to parents.

There are over 500 physicians in the US treating children and **improvements can be substantial and total reversals are possible.**

This is not a "wishful thinking" statement coming from a parent, but from a physician who has witnessed this happening first hand.

When the mystery of childhood "Pink disease" in the 1950's was proven to be physician-endorsed mercury poisoning through teething powders, the disease disappeared following its removal.

Over 50 years later we have made the same mistake once again, patiently waiting for media to step up to the plate and look at the evidence critically and tell the truth to the American public." - Dr David Ayoub, MD, Director, Prairie Collaborative, Illinois, in "Painful Questions of Blame Parents, Doctors And The Disputed Link Between Vaccines And Autism", Vaccine Truth, 11 March 2005.

How to Reverse Autism

"Autism, has an organic origin until proven otherwise.

It is your job as a physician to pursue that.

We took that bowel symptoms very seriously as gastroenterologists, the children underwent colonoscopy originally, and **we found inflammation, rather like a mild form of Crohn's Disease.**

And when we treated that inflammation with anti-inflammation medication, or diet as we used routinely for Crohn's Disease, the children got better.

Their bowel symptoms went away, but much more interestingly, they started to smiling, talking again, using the words that they stopped using 2 or 3 years ago.

Interacting with their siblings, their mothers would come and say:

"My child is coming back".

The Academics said:

"It can't be real."

So we did it again, and it happened again, and we did it again, and it happened 1,000 times.

So that is what we see in Clinical Practice, you treat the bowel, and the brain gets better.

We treated their bowels, and their symptoms stopped." - Dr Andrew Wakefield, MD in "Vaccines Revealed", Ep.1, 2022.

50% Sudden Infant Death Syndrome Happens 48 Hours After Vaccination

"Jennifer a former Police Detective in a major US city who handled over 250 Sudden Infant Death Syndrome (SIDS) investigations over 7 years, implicates the childhood Vaccines as the major cause of SIDS.

Standard police policy was to ask about any Pharmaceuticals.

> ***"Of all reported SIDS cases post-vaccination, 75 % occurred within 7 days (p < 0.00001)."*** *- in "Vaccines and sudden infant death: An analysis of the VAERS database 1990–2019 and review of the medical literature", Toxicology Reports, 2021.*

CDC authors observes that nearly 80% the child deaths reported in VAERS happened after multiple Vaccinations were given on the same day

> ***"For child death reports, 79.4% received >1 Vaccine on the same day." -*** *in "Deaths Reported to the Vaccine Adverse Event Reporting System, United States, 1997–2013", Clin. Infect. Dis., September 2015.*

"I personally think that 85% of SIDS cases are from Vaccines. And it never goes on the autopsy report, that SIDS happened after vaccination.

And I found out a few years later, that the reason for that, because Vaccines are a Pharmaceutical that don't carry any liability." - Steve Kirsch, Founder of Vaccine Safety Research Foundation, in "Former major city police detective reveals 50% of SIDS cases happened within 48 hours post Vaccine", 27 September 2023.

Vaccine Toxins Interrupt Normal Bodily Functions

"I am tired of all the nonsense we as American citizens are being fed while big business - and the government - continue to ignore the health and well-being of the fine people in this country.

I, like everyone else, took the advice of the Centers for Disease Control (CDC), the Government, and received a Flu Shot. I chose to receive the preservative free Vaccine, thinking I did not want any Thimerasol (i.e. mercury) that the "regular" Flu Vaccine contains.

Toxins accumulate in our fat cells if they are not eliminated and interrupt normal bodily functions.

Your body should be a finely tuned machine with all of the organ systems working in concert together. But when toxins disrupt normal function, problems can occur.

Those problems include Cancers, Auto-Immune Diseases, Neurologic Problems like Autism, ADHD, and Parkinson's Disease, and the most prevalent chronic diseases like obesity, diabetes, and Heart Disease.

If we don't look out for ourselves and each other, we can expect to hear about more Cancers, more Autism, and more Auto-Immune Diseases.

We have to wake up out of our trance and stop following bad advice. Does the vaccine burden - as has been debated for years - cause Autism? I don't know and will not debate that here.

What I will stand up and scream is that newborns without intact immune systems and detoxification systems are being over-burdened with preservatives and adjuvants in the Vaccines. The adjuvants, like aluminum can be incredibly harmful to the developing nervous system.

Neurologic diseases like autism and ADHD are increasing at alarming rates." - Dr Dan Neides, MD, Medical Director, Chief Operating Officer, Cleveland Clinic Wellness Institute, in "Make 2017 the year to avoid toxins (good luck) and master your domain: Words on Wellness", Cleveland Clinic, 6 January 2017.

"These are my big issues regarding Vaccines and these are the things that I'd like to highlight.

Number 1:

There is no education in medical schools that I am aware of and being an educator at the Cleveland Clinic Lerner College of Medicine, and Case Western Reserve University, I am not aware of Education around Vaccines their contents, safety records, informed consent, or the Vaccine Injury Compensation Program. We do not discuss that in 1986 Congress enacted legislation removing all liability from Pharma related to Vaccine Adverse Events.

What are we taught about Vaccines, we are taught to memorize the Vaccine schedule, and actually I'm going to be sitting for my family medicine boards this year and I am sure that I will have to memorize that schedule again in order to pass that exam.

We don't discuss that almost $4 Billion dollars has been paid to Vaccine Injured patients since 1992.

For medical professionals we expect fair balance, but Vaccines seem to be absolved from that consideration.

Number 2:

There appears to be a conflict of interest regarding payments to providers for completing Vaccine schedules, and corollary to that which would be.

Number 3:

Patients are being dismissed from practices, because of quote unquote Vaccine safety concerns if you bring up a question about a Vaccine, and you decide not to Vaccinate your child. You may be at risk of being terminated from that practice absolutely deplorable and disgusting.

I Am Sorry

Number 4:

And again to the Bailey family, I'm really sorry, but employers are forcing employees to receive the Flu

Vaccine, or face corrective action, or job loss and the fact that your dad was 6 months from retiring.

Number 5:

There's a lack of informed consent, and I was one of those providers who didn't provide safety sheets before Vaccinating.

I would tell the parents these are the Vaccines today, we're going to give you 3 Vaccines in 1 leg, and 2 in the other, and then after Vaccinating either the child, or the adult patient here's your information sheet, and again to be completely transparent with you, I had no idea that there was even a mention of the compensation program or a telephone number to call.

Absolutely deplorable on my part and I apologize to my patients

Number 6:

There's a lack of transparency regarding Vaccine complications, and worse you're being shamed as patients for suggesting that you were harmed by a Vaccine.

If I see a patient in the office and diagnosed strep throat, and give them penicillin, and either the mom or the patient, themselves calls and tells me that they developed a rash there is zero question the chart now states they have an allergy to penicillin, and will never be given it again. Why don't we believe parents and patients when they tell us they have had an Adverse Event regarding a Vaccine, it doesn't make sense to me as a medical professional.

Number 7:

Why do the placebos and Vaccine studies contain the Adjuvants like Mercury and Aluminum?

Aren't placebos supposed to be inert, in other words if you're comparing let's say the Hepatitis B Vaccine against the placebo why does the placebo contain a metal if the concern could possibly be the metal itself that's triggering the autoimmunity that Dr Lyons Weiler had so eloquently spoke about.

Number 8:

Why has the rate of Autism Spectrum Disorder gone from 1 in a 1,000 in 1990, to 1 in 48 in 2017.

And is there a link between the Toxins in Vaccines and the significant increase in the diagnosis not only of Autism Spectrum Disorder we certainly know about us a risk of Guillain-Barre but what about Attention Deficit Disorder, Mood Disorders in children, and just the overall Chronic Disease Epidemic in this country.

I mean we are a very sick population and I'm not trying to be dramatic but we're currently spending $3.5 Trillion Dollars on health care and what honestly folks are we getting for that we're expected to see right now we're at 18% of GDP is spent on health care so, basically 18 cents on every dollar that we bring in is spent on Health Care, by 2040, that is expected to be 33%.

The United States becomes unsustainable if we continue down this path so let me focus just a few minutes on Informed Consent.

I want to make sure that my patients and all patients are fully aware of risks versus the benefits but before undergoing any medical procedure not just Vaccination.

Nobody should have to undergo an irreversible medical procedure unless they agree to it and patients should not be dismissed from practices for choosing to decline a Vaccine that's irresponsible on the part of the medical professionals.

Employees should not have to receive a medical intervention in order to keep their job.

To me the idea of forcing a medical intervention on someone without their consent goes dramatically against the Geneva Convention.

As Pharma is literally racing to provide us with more "Life-Saving Vaccines" let me tell you, they are working on over 140 Vaccines at this time, beware this is coming.

The Government or Big Pharma wants us to see that is really not the truth about what's going on regarding their

safety and efficacy and we must begin to truly understand the direct link, if there is one that I do believe that occurs in at-risk populations for developing Neurodevelopmental Disorders, Autism Spectrum Disorder, ADHD, Mood Disorders, but all Chronic Disease, this is all on the table and we must keep our eyes and ears open." - Dr Dan Neides, MD, Former Medical Director, Chief Operating Officer, Cleveland Clinic Wellness Institute, in "A Doctor's Perspective", Ohio Advocates for Medical Freedom, 17 January 2018.

"We want to eliminate 95% of the garbage that has nothing to do with protection but does contribute to adverse reactions." *- Dr David Klein, MD, NIH, in "National Institutes of Health", The Washington Post, 16 February 1984.*

"Vaccines, predominantly the measles-mumps-rubella Vaccine, have been associated with the development of Immune Thrombocytopaenia Purpura. There are several published case reports regarding influenza Vaccine induced ITP. We report the case of an adult with 3 episodes of epistaxis, each within 1 week of receiving a yearly influenza trivalent inactivated Vaccine, *the last episode being more severe and also featuring gross haematuria." - in "Epistaxis and gross haematuria with severe thrombocytopaenia associated with influenza Vaccination", British Medical Journal, 6 May 2019.*

"This is what I am seeing coming out of the circulatory system during the embalming process since early 2021. In the prior 20 years I don't recall ever seeing this before. Something is causing this problem and I think we should try to figure it out, because I see it quite often now." - Richard Hirschman, in "Twitter", 11 August 2023.

The Drug Industry Fulfils the Criteria for Organized Crime

"I'm a Director of the Nordic Cochran Center in Copenhagen, and Professor of Research, Design and Analysis at the University of Copenhagen.

Two years ago I found out that our Prescription Drugs are the third leading cause of death after heart disease and cancer.

Our drugs kill around 200,000 people in America every year, and half of these people die while they do what their doctors told them.

So they die because of the side effects the other half die because of errors, and it's often the doctors that make the errors, because any drug may come with 20, 30 or 40 Warnings, Contraindications, Precautions, so, no doctor in the world knows about all this.

So they give patients drugs that they should not have given them that interact dangerously with other drugs or food items or so on.

And then the patients die, that's the other half.

So the other thing I found out 2 years ago was that much of what the Drug Industry does fulfils the criteria for Organized Crime, in US law.

And they behave in many ways like the mafia does they corrupt everyone they can corrupt, they have bought every type of person even including Ministers of Health in some countries, so there is a huge amount of corruption.

In my country for example Denmark we are regarded as having very little corruption, but yet we have thousands of doctors on industry payroll, although we are just 20,000 doctors.

So this is an effective kind of corruption, the Drug Industry buys the Professors first, then Chiefs of Department, then other Chief Physicians and so on, they don't buy Junior doctors.

So when several thousands are an industry payroll it's really really bad, and that's why I wrote my book:

"Deadly Medicines and Organized Crime how big Pharma has corrupted health care."

I hope to convince patients not to take so many drugs because so many die from the drugs they take.

In my country people take so many drugs that every single citizen can be in treatment with one and a half drugs from the time they are born, till they die.

This is incredible, and drugs are not that helpful, and they kill very many of us.

We know that, that's why drugs are the third major killer after heart disease, and cancer.

So what we need in the coming years is to take far fewer drugs than what we do currently, if we did that, and we were careful, then we could live longer and live better lives.

Because drugs have many side effects, and patients often don't realize that when they become worse, that it could be a side effect of the drug which they continue taking, because that's what their doctors tell them.

So when I was a specialist in Internal Medicine, what I very often did was I stopped a lot of drugs, particularly in elderly people, and it's it's quite revealing to see a bedridden elderly person come into your ward, and when you stop the drugs, I mean that person becomes many years younger, and many of these drugs affect the brain, and old people tolerate that very very badly.

They fall, and when they break a hip a quarter of them die.

And for example anti-depressant drugs are used in more than 10% of our elderly, and they seem to kill 3% of them every year.

I mean if 100 old people take an anti-depressant for 1 year uh 3% of them will die because they fall and break their hip, this is a huge death rate.

So a lot of other drugs and anti-depressants also make people fall, and kill them and they may affect your cognition your memory and all these things.

And then they interact in ways that we know almost nothing about.

Very many elderly they take more than 5 drugs a day, and

we actually don't know how these drugs interact with each other.

What we do know, is that all drugs have many effects in the body, and some of them interact also in their metabolism, so that you can get a too high concentration of a drug if you take other drugs simultaneously.

So we make a lot of harms that we don't even recognize.

It's not popular to tell the truth in Healthcare, you will get a lot of enemies, because a lot of people make money on false premises.

Doctors and Industry alike, and our drug regulators, and our politicians they are on board on this wagon, so very few people are independent of money in Healthcare.

I showed with statistics that Mammography Screening didn't work and things like.

I demonstrate that what the 10 biggest companies do is organized crime, these examples they were from within the last 10 to 15 years.

And the crimes have increased because when crime Pays you will have more crime." - Dr Peter C. Gøtzsche, MD, Danish medical researcher, and leader of the Nordic Cochrane Center at Rigshospitalet, Copenhagen, Denmark, in "Dr McDougall Health & Medical Center", 1 April 2015.

The Only Safe Vaccine Is A Vaccine That Is Never Used

"Are germs a causative factor in disease?

Somehow through a series of some very interesting historical frauds, this idea that germs cause disease has come to the forefront of people's thinking around the world, **despite a massive amount of valid research to oppose it.**

This research all points to disease being something we have done to ourselves, rather than something we are invaded by.

What the Medical Trade calls disease, is nothing more than a Natural Process of Toxic Elimination.

The more Toxic you become over the years, the more profound your eliminative process.

The Medical Trade categorizes the symptoms of this eliminative process in neat little packages, and this is what they call their myriad of diseases.

Then, the Medical Trade provide chemicals (Drug Medication), which alter the body in ways to shut off this process of detoxification and elimination.

But in all actuality, the only cure for what is happening to you when you are Toxic, is your disease.

Just think for a moment of what disease means: Dis-Ease.

The body is out of balance and out of its normal harmony, and it is attempting to work its' way back to homeostasis.

What exactly is immunity?

Your immune system is designed to eliminate the accumulation of dead, morbid matter which is highly toxic.

What exactly does this mean, accumulated morbid matter?

In a large sense, it has to do with the life we live, the air we breathe, the water we drink, and especially it is concerned with the foods we eat and the stress we experience.

Our bodies are quite versatile and can accumulate a ton of these stressors before anything really happens.

But there comes a point where the body says:

"I'm not going to take it any more!"

This is when it begins its' eliminative process and you feel yourself becoming "sick."

A body that can do this, mustering up enough vitality to throw off toxicity, is indeed healthy.

This process of throwing off waste and toxicity is what the Medical Trade calls disease.

The Medical Trade places groups of symptoms together to form their dreaded diseases, but these symptoms are exactly what your body needs to become healthy and pure again.

Symptoms are the open doors to restoring health and vitality.

The Medical Trade however chooses to close those doors by eliminating the symptoms.

When this is done over an extended period of time, we enter the realm of chronic and disastrous disease.

If you are taking Pharmaceutical Medications to shut off these avenues of wellness, which the Medical Trade call symptoms, you are shutting off the only avenues of vitality you have to burn off and eliminate toxicity and poison.

On top of this, you are introducing far worse poisons into your body (Pharmaceutical Drug Medications), which the body now has to work harder to overcome and eliminate.

If this is done repeatedly over a number of years, death soon follows.

The Medical Trade claim to fame on disease prevention has always been the Vaccine.

But what exactly is a Vaccine?

They shock the body with a direct hit.

This concept, above all others, is absolutely insane and continues to defy logic, year after deadly year.

The Department of Health, Education and Welfare (DEW), used to print in their parents guide that the decision to vaccinate your child is yours alone to make.

It should concern everyone reading this book that this statement is no longer in print.

The issues which surround these ideas of requiring the Medical Trade to take care of us, are more a matter of propaganda and brain washing than established fact:

"No batch of Vaccine can be proven safe before it is given to children." *- Dr Leonard Sheele, MD, Surgeon General, before the American Medical Association, 1955.*

"The only safe Vaccine, is a Vaccine that is never used." *- Dr James Shannon MD, Director of the National Institute of Health (1955 to 1968), 1967.*

Dr Hugh Fudenberg, MD, one of the most respected immunogeneticists in the world, compiled research on Alzheimet's disease concerning the years 1970 to 1980.

He stated this at a public meeting in 1997:

"The chances of getting Alzheimer's disease is 10 times higher if an individual has had 5 consecutive Flu Shots between 1970 and 1980, than if they had just 1, 2 or no shots."

"Nervous Disturbances and Smallpox Vaccination: In recent months articles have been appearing in the medical literature of many countries on the Development of Affections of the Central Nervous System, Associated with Smallpox Vaccination. For example, there have been observations on Poliomyelitis and Encephalitis, in the Netherlands, Czechoslovakia, Switzerland and other countries.

The Causal Connection Between Smallpox Vaccination & Affections

Professor Salomon of Vienna, expressed the opinion that Vaccination might possibly have a bearing on General Paralysis. The allergy of the organism, and especially of the skin, which occurs in Vaccination, may play a role in the dissemination of the spirochaetes of syphilis, since it makes more difficult the localization of the spirochaetes in the skin, and thus prevents the development of a syphilitic allergy and facilitates greatly the development of meta-syphilitic manifestations. He brings out that since the introduction of Vaccination there has been considerable increase of Paralysis Affections.
Daraskiewicz, in another article, reaches similar conclusions. In regions in which there is no organized Vaccination of the population, General Paralysis (Polio) is rare." *- Journal of the American Medical Association, 3 July 1926.*

It is impossible to deny a connection between Vaccination and the Encephalitis - Brain Damage - which follows it.

"Vaccine is the cause of more diseases and sufferings than anything I can name.
Yet, in the state of Virginia and many other states parents are compelled to submit their children to this procedure while the medical profession, not only receives it pay for this service, but also makes splendid and prospective clients for the future." *- H. Mullen in "Murder by Injection", 1988.*

Vaccines are not only recognized for some of their known side effects, such as:

1. Anaphylactic shock
2. Seizures
3. Brain Damage
4. Learning Disabilities
5. Autism

They are responsible for many chronic and degenerative diseases, such as arthritis, colitis and cancer.

> ***"I'm against mandating compulsory Vaccination laws, because I have met no one in government who has the wisdom to mandate to another person what that person should do with his child. I have been in government some 30 years, and I can tell you, that when I sat in the halls of those persons concerned with setting policies for Vaccination procedures in this country, that I was never impressed there was a great depository of wisdom in that room. There just wasn't. I believe that the person who is far more capable for determining what happens to a child is the parent of that child, rather than some bureaucrat who sits around a table in Washington, DC. When I left the FDA in 1976, there was no technique available to measure reliably and consistently neurotoxicity or potency of the Vaccines then in use. Today, 11 years later the situation remains essentially the same."*** *- Dr J. Anthony Morris, PhD, FDA Virology Vaccine Lab & department of Biostatistics and Biologics, 1987.*

The connection between compulsory Vaccines and Autism can no longer be denied.

The enhanced public awareness of this fact **is brought to light by parents all over the globe.**

New evidence shows that 1 in 100 children are suffering from some form of:

1. Autism,
2. Neurological problem,
3. Behavioural and or
4. Immune System Dysfunction.

Talk about Epidemics!" - in "Good-Bye Germ Theory; Ending A Century Of Medical Fraud and How To Protect Your Family", 2004.

Chapter 9

FDA to Vaccine Injured: We Got Nothing

"Out of 3000 reported cases of smallpox in Toronto, there were no deaths from the disease itself, although 5 deaths have been attributed to vaccination." *- in "The Clinic", January, 1920.*

"Critical analysis of randomized control trial data, and real-world evidence; the true Benefits & Harms of the Covid MRNA Vaccines, with special emphasis on the Biotech Pfizer Vaccine. ***The conclusions are quite sobering, in the non-elderly population the numbers needed to treat and prevent Covid death run into the thousands. Re-analysis of randomized controlled trial data from both Moderna and Pfizer reveals one is more likely to suffer a serious adverse event from the Covid-19 Vaccines, than to be hospitalized with Covid-19."*** *- Dr Aseem Malhotra, MD, commenting on the findings of his paper: "Curing the pandemic of misinformation on Covid-19 mRNA vaccines through REAL evidence-based medicine – Part 1", AOSIS, 26 September 2022.*

"20 people who were Harmed by Covid-19 Vaccines came to Washington D.C. this week—sick, bereaved, from a dozen states—seeking help from the U.S. Food and Drug Administration.

But as myocarditis cases piled up, the government's denial of vaccine-caused heart damage was intense.

A major paper (A Report on Myocarditis Adverse Events in the U.S. Vaccine Adverse Events Reporting System (VAERS) in Association with COVID-19 Injectable Biological Products) was withdrawn under pressure, and a Centers for

Disease Control article disputed **the vaccine role in the Deaths of 2 boys.**

Today, the CDC acknowledges the vaccine-myocarditis link, even if asserting it is "rarely" reported.

Research has suggested it is more prevalent than first thought.

This small group of vaccine-injured people are representative of something much larger.

More than 400 Covid-vaccine Death claims alone have been filed, among thousands more injuries." - in "FDA to Vax Injured: We Got Nothin'", Trial Site News, 23 September 2022.

Onset Of Multiple Sclerosis After Vaccination

"The time of onset of these symptoms post-Covid-19 Vaccinations ranged between 1 and 2 months with a median time of 2 months.

Among case-control groups:

2 received the Pfizer Vaccine,
6 received the Moderna Vaccine,
15 received the AstraZeneca Vaccine.

Among **Multiple Sclerosis (MS):**

20 received the Pfizer Vaccine,
3 received the Moderna Vaccine,
9 received the AstraZeneca Vaccine.

The presentation of symptoms among the MS group appeared after the first dose of Vaccine in 25 patients, while it appeared after the second dose of Vaccine in 7 patients." - in "New Onset Multiple Sclerosis Post-COVID-19 Vaccination and Correlation With Possible Predictors in a Case-Control Study", Cureus, 18 March 2023.

AstraZeneca Covid-19 Vaccine Is No Longer Available in Australia

"There was a link between the AstraZeneca vaccine and a rare but serious side effect called thrombosis with thrombocytopenia syndrome (TTS).

Symptoms typically occurred between 4 and 42 days after a first dose of the AstraZeneca vaccine.

AstraZeneca is no longer available as of 20 March 2023, so no further cases of AstraZeneca-related TTS can occur in Australia.

On 8 April 2021, the Australian Government received advice and recommendations from the Australian Technical Advisory Group on Immunisation (ATAGI) about the Vaxzevria (AstraZeneca) vaccine and a syndrome called Thrombosis with Thrombocytopenia Syndrome (TTS).

Thrombosis with thrombocytopenia syndrome (TTS)

There was a link between the AstraZeneca vaccine and a rare but serious side effect – thrombosis with thrombocytopenia syndrome (TTS).

TTS can cause long-term disability and death.

TTS involves blood clotting (thrombosis) combined with low platelets (thrombocytopenia).

Blood clots can appear in different parts of the body such as the brain or abdomen (belly).

TTS is thought to be immune mediated.

Symptoms of TTS

Symptoms typically occurred between 4 and 42 days after a first dose of the AstraZeneca vaccine.

Symptoms of TTS included:

1. Severe, persistent headache that did not improve with regular painkillers,
2. Blurred vision,
3. Confusion or seizure,
4. Weakness of face or limbs,
5. Shortness of breath or chest pain,
6. Severe abdominal (belly) pain,
7. Leg swelling,
8. Unexplained pin-prick rash or bruising away from the injection site.

Patients were urged to seek urgent medical attention if they experienced any symptoms of TTS." - in "Vaxzevria (AstraZeneca) vaccine and thrombosis with thrombocytopenia (TTS)", Department of Health and Aged Care, Commonwealth of Australia, 21 March 2023

"For the first time in history, the inefficacy of a drug is blamed on those who didn't take it." *- Dr. Eli David, PhD, 24 January 2023.*

Injured By The Vaccine

"I have people in my family that were Injured from this (Covid-19) Vaccine severely.

Will never have the same quality of life ever again, despite me pleading with them not to get this (Covid-19) Vaccine.

I remember the peer pressure campaign for all YouTubers, to remain mum, because YouTube decided that you were not allowed to at all say anything, but to encourage people to roll up their sleeves and to get this vaccine, and maybe we'll suffer the consequences." - Candace Owens, in "Candace Owens Podcast", 6 June 2023.

European Medicines Agency Confirms 11,448 Died From Covid Vaccines

"Number of deaths following Covid Vaccines that have been investigated and confirmed by the European Medicines Agency.

The European Medicines Agency (EMA) reports that 11,448 people in the EU have died after receiving Covid-19 Vaccines:

8,368 - From Pfizer BioNTech Vaccine (1,345 more than in 2022);
1,579 - From AstraZeneca Vaccine;
1,161 - From Moderna Vaccine;
339 - From Janssen Vaccine;
1 - From Nuvaxovid Vaccine.

- in "Parliamentary question – E-001200/2023", European Parliament, 13 April 2023.

Dozens Have Been Killed or Left Disabled by Jabs

"At least 105 claims for the state-funded, financial support have now been approved, taking the total bill so far to £12.6 Million.

UK Health minister Maria Caulfield told the Covid Vaccine Damage All-Party Parliamentary Group that, as of May, 5,738 applications had been submitted.

Dozens have been killed or left disabled by jabs deployed during the pandemic." - in "Covid vaccine injury bill tops £12 MILLION after two dozen backlogged damage claims are approved in a month", Daily Mail, 7 June 2023.

USA 35,000 Died From Covid-19 Vaccines - May 2023

"Knowingly filing a false VAERS report is a violation of Federal law (18 U.S. Code § 1001) punishable by fine and imprisonment.

Vaccine	Number of Deaths
Pfizer	22,294
Moderna	10,130
Janssen	2,796
Not Specified	479
Total Deaths:	35,272

- in "Mortality Reports", COVID Vaccine, HHS Vaccine Adverse Event Reporting System (VAERS), USA, 26 May 2023.

Suicide Thoughts After Recceing Covid-19 Vaccines

VAERS ID: 1373773-1

Age: Not given
Sex: Male
State: Oklahoma
Vaccine: COVID19 PFIZER-BIONTECH
Date Vaccinated: 23 March 2021

"50% Hearing Loss; He is on the verge of Suicide. Insomnia.
I cant live with this; can't think; it's driving me crazy; driving me insane.
He is desperate; spike headaches; rash under my eyes/rash in his eyes appeared in the right eye and then got to the left eye.
Incredible ringing in my ears and a spike headache/high pitched ringing in my ears.
This is a spontaneous report from a Pfizer-sponsored program via a contactable male consumer (patient himself).
Received first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 mRNA VACCINE), on 23 March 2021 as 1st dose, single for COVID-19 immunization." - Reported 3 June 2021.

VAERS ID: 1251028-1

Age: 43
Sex: Male
State: Louisiana
Vaccine: COVID19 PFIZER-BIONTECH
Date Vaccinated: 14 April 2021

"Death by Suicide between late evening 21 April 2021 and early morning 22 April 2021.
He was found at about 8 AM that morning." - Reported 24 April 2021.

VAERS ID: 1350848-1

Age: 14
Sex: Male
State: Missouri
Vaccine: COVID19 PFIZER-BIONTECH
Date Vaccinated: 17 May 2021

"1-2 days after administration of Vaccine, the patient had a week-long episode of moodiness and irritability.
This culminated in a Suicide attempt by hanging in his bedroom that was interrupted by his father.
There is no prior history of Suicide attempts and no other clear, identifiable triggers to this incident." - Reported 26 May 2021.

VAERS ID: 1769992-1

Age: 43
Sex: Female
State: Oregon
Vaccine: COVID19 PFIZER-BIONTECH
Date Vaccinated: 16 September 2021

"I'm always an optimistic person but about ***5 days from receiving the first and second dose I experienced Severe Depression, and thoughts of Suicide which I recognized as unusual yet I couldn't help feeling so hopeless and depressed for about 2 weeks after each shot. I have also noticed this depression in my kids who have received the shot as well. We have no other stressors or issues going on other than having had the shot."*** *- Reported 7 October 2021.*

3,186 Dead From Vaccines In Just 4 Months

"In order to give an idea of the magnitude of the current problem I made a search on VAERS using the National Vaccine Information Center website, Medalerts.

The search found 11,895 adverse events "where patient died" for all vaccines since the database opened in 1990 to 16 April 2021, of which **3,186 Were From Covid Vaccines or 27% of all cases in the space of just 4 months.**

This is quite likely the tip of the iceberg: a report on the database in 2010 stated "fewer than 1% of vaccine adverse events are reported". - John Stone in "Agency failure? (27% of all fatal reports on VAERS, started in 1990, are for Covid vaccines in the last 4 months)", Rapid Responses, BMJ, 24 April 2021.

Fewer Than 1% of Vaccine Deaths Are Reported

"Adverse Events from Drugs and Vaccines are common, but under-reported.

Although 25% of ambulatory patients experience an adverse drug event, less than 0.3% of all adverse drug events and 1-13% of serious events are reported to the Food and Drug Administration (FDA).

Likewise, **fewer than 1% of Vaccine Adverse Events are reported.**

Low reporting rates preclude or slow the identification of "problem" Drugs **and Vaccines that endanger public health.**" - Ross Lazarus, MBBS, MPH, MMed, GDCompSci et al, in "Electronic Support for Public Health–Vaccine Adverse Event Reporting System (ESP:VAERS)", Grant Final Report, Grant ID: R18 HS 017045, Agency for Healthcare Research and Quality (AHRQ), 2010.

Compared Outcomes Between Vaccinated and Unvaccinated Children

"A few independent (non-CDC) studies do exist that have compared outcomes between Vaccinated and Unvaccinated children.

A small survey study of 415 families with homeschooled children by Mawson et al., (Pilot comparative study on the health of vaccinated and unvaccinated 6- to 12- year old U.S. Children, J. Transl. Sci. 2017), **that compared vaccinated with completely unvaccinated children reported increased risk of many diagnoses among the vaccinated children including (condition, fold-increase):**

1. Allergic Rhinitis (30.1),
2. Learning Disabilities (5.2),
3. Attention Deficit Hyperactivity Disorder (ADHD) (4.2),
4. Autism (4.2),
5. Neurodevelopmental Disorders (3.7),
6. Eczema (2.9),
7. Chronic Illness (2.4).

The increased risk of neurodevelopmental disorders appeared to be higher in cases of preterm births.

Studies funded by the pharmaceutical industry or conducted by the CDC typically tend to find no harm associated with vaccination, while studies conducted without pharmaceutical industry funding have often found harm.

Hooker and Miller 2020 [Analysis of health outcomes in vaccinated and unvaccinated children:

Developmental delays,
Asthma,
Ear Infections, and

Gastrointestinal disorders],
recently found an increase in odds ratio (OR) in:

Developmental Delay (OR 2.18),
Asthma (OR 4.49),
Ear Infection (OR 2.13) in Vaccinated children compared to Unvaccinated children in a study using data from 3 practices.

Conclusions

We can conclude that **the Unvaccinated children in this practice are not, overall, less healthy than the Vaccinated** and that indeed the V**accinated Children Appear To Be Significantly Less healthy than the Unvaccinated.**

Our findings and those of Mawson et al., 2017, Hooker and Miller 2020, and **the numerous studies that have reported Adverse Health Following Vaccination.**

Our finding of a robust signal of anemia deserves follow up: **aluminum is known to bind to transferrin** [Association between iron deficiency and febrile seizures] **and, in so doing, may interfere with the proper deposition of iron in the bones of children."** - in "Relative Incidence of Office Visits and Cumulative Rates of Billed Diagnoses Along the Axis of Vaccination", International Journal Environmental Research and Public Health, 22 November 2020.

"If a mum says: "I noticed a change like that, right after they got Vaccinated." You need to listen to them." *- Dr Jessica Rose, PhD, MSc, Bsc, Master's in Immunology, Memorial University of Newfoundland, Computational Biology, Bar Ilan University, Post Doctoral Degrees; Molecular Biology, Hebrew University of Jerusalem, Biochemistry, Technion Institute of Technology, in "The Covid Chronicles", Vaccine Safety Foundation, 23 June 2023.*

Vaccine & Autism: Causality Conclusion

"Conclusion 10.6: The evidence is inadequate to accept or reject a causal relationship between diphtheria toxoid-, tetanus toxoid-, or acellular pertussis-containing Vaccine and Autism." *- in "Adverse Effects of Vaccines; Evidence and Causality", page 545, 2012.*

Autistic Disturbances of Affective Contact - 1943

"Since 1938, there have come to our attention a number of children whose condition differs so markedly and uniquely from anything reported so far, that each case merits — and, I hope, will eventually receive — a detailed consideration of its fascinating peculiarities.

Richard was born on 17 November 1937.

Pregnancy and birth were normal.

He sat up at 8 months and walked at 1 year.

His mother began to "train" him at the age of 3 weeks, giving him a suppository every morning "so his bowels would move by the clock."

The mother, in comparing her 2 children, recalled that while her younger child showed an active anticipatory reaction to being picked up, Richard had not shown any physiognomic or postural sign of preparedness and had failed to adjust his body to being held by her or the nurse.

Nutrition and physical growth proceeded satisfactorily.

Following Smallpox Vaccination at 12 months, he had an attack of diarrhea and fever, from which he recovered in somewhat less than a week.

In September, 1940, the mother, in commenting on Richard's failure to talk, remarked in her notes:

"I can't be sure just when he stopped the imitation of word sounds. It seems that he has gone backward mentally gradually for the last 2 years. We have thought it was because he did not disclose what was in his head, that it was there all right. Now that he is making so many sounds, it is disconcerting because it is now evident that he can't talk. Before, I thought he could if he only would. He gave the impression of silent wisdom to me. One puzzling and discouraging thing is the great difficulty one has in getting his attention."

On physical examination, Richard was found to be **healthy except for large tonsils and adenoids,** which were removed on 8 February 1941.

For here we seem to have pure-culture examples of inborn Autistic disturbances of affective contact.

Since the completion of this paper, 2 more cases of inborn autistic disturbance of affective contact have come under our observation." - Leo Kanner in "Autistic Disturbances of Affective Contact", Journal, Nervous Child, 1943.

Vaccine Trials for Babies And Children Are Done in 2, 3, 4 & 5 Days Only

"Siri, Lawyer - Dr Plotkin, earlier you testified that there are two hep B vaccines on the market.

One by Glaxo, GSK, that's Endrix-B; and the other one is by Merck, Recombivax HB, right?

Dr Stanley Plotkin, MD – Yes.

Siri, Lawyer - For the Recombivax HB, how long was the safety review period in the Prelicensure Clinical Trial for this Vaccine?

Dr Stanley Plotkin, MD - I don't know.

Siri, Lawyer - Dr Plotkin, I'm going to hand you what's been labeled Plaintiff's Exhibit 10. This is the product, the manufacturer insert for Recombivax HB, correct?

Dr Stanley Plotkin, MD - Yes.

Q - And the clinical trial experience would be found in Section 6.1.

In Section 6.1, **when you look at the Clinical Trials that were done prelicensure for Recombivax HB, how long does it say that safety was monitored after each dose?**

Dr Stanley Plotkin, MD - 5 days.

Aaron Siri, Lawyer - Is 5 days long enough to detect Adverse Reactions that occur after 5 days?

Dr Stanley Plotkin, MD - No. They would be.

Q - Is it?

A - They would be reported separately as observed in the clinic.

Q - In Section 6.1 of the manufacturer insert, which under the Code of Federal Regulations are supposed to describe the clinical trial, does it provide for anything other than 5 days of monitoring after each dose for adverse events?

A - It does not specifically say that, no.

Q - Is 5 days long enough to detect an Autoimmune Issue that arises after 5 days?

A - No.

Q - Is 5 days long enough to detect a Seizure that arises after 5 days?

A - It would be unlikely to have a Seizure occur after 5 days.

Q - Is 5 days long enough to detect any Neurological Disorder that arose from the Vaccine after 5 days?

A – No.

Q - Was there any control group in this trial? Let me rephrase that. There's no control group, correct?
A – Not. They mention 3,258 doses were administered to 1,252 healthy adults.

Q - That's right. But does it mention any control group?
A - It does not mention any control group, no.

Q - If you turn to Section 6.2, what is the list of Adverse Reactions listed in this section?
A - These are reports of Adverse Reactions that likely were reported to the VAERS system.

Immune System Disorders

Q - Under Immune System Disorders, does it say that there were reports of Hypersensitive reactions, including:

1. Anaphylactic Reactions [itchy skin or a raised, red skin rash, swollen eyes, lips, hands and feet, feeling lightheaded or faint, swelling of the mouth, throat or tongue, which can cause breathing and swallowing difficulties, wheezing, abdominal pain, nausea and vomiting, collapse and unconsciousness],
2. Bronchospasms,
3. Urticaria.

Having been reported within the first few hours after Vaccination?
A - Yes.

Hypersensitivity Syndrome

Q - Have there been reports of Hypersensitivity Syndrome?
A - Yes. That's what it states.

Arthritis

Q - Does it, reports of Arthritis?
A - It is mentioned.

Autoimmune Diseases

Q - There are also reports of Autoimmune Diseases, including:

1. Systemic Lupus,
2. Erythematosus,
3. Lupus-like Syndrome,
4. Vasculitis,
5. Polyarteritis Nodosa.
As well, correct?
A - Yes. That's what it states.

Nervous System Disorders

Q - And also it states that, under the Nervous System Disorders, it states that after that, there have been reports of Guillain-Barré syndrome?
A - Yes.

Multiple Sclerosis

Q - As well as Multiple Sclerosis:

1. Exacerbation of Multiple Sclerosis;
2. Myelitis, including
3. Transverse Myelitis;
4. Seizure,
5. Febrile Seizure;
6. Peripheral Neuropathy, including
7. Bell's Palsy;
8. Radiculopathy,
9. Muscle Weakness,
10. Hypesthesia,
11. Encephalitis.

Correct?
A - Correct.

Q - When you say that Multiple Sclerosis has been studied and is determined to not have been caused, you're talking about the 2011 IOM report, I assume?
A - I'm talking about studies mostly done in France where the situation arose where there was a concern about that.

Q - You're aware of the 2011 IOM report that looked at certain Vaccines in relation to whether they can cause certain Adverse Reactions?
A - Yes.
Q - Are you aware that one of those conditions they looked at was Multiple Sclerosis?
A - Among others, yes.

Q - Among others. And that they specifically looked at it with regards to hepatitis B?
A - Yes.

Q - And do you know what their finding was?
A - I don't remember the exact wording, no.

Q - Maybe this will remind you:
"Inadequate to accept or reject a causal relationship."
They didn't know, correct?
A - Yes.
But you have to understand, first of all, that science continues and so studies continue. And secondly, that the IOM specifically decided that they would not draw a conclusion if they weren't sure of the conclusion.
So what that statement means is that they don't have data that confirm that multiple sclerosis is caused by the hepatitis B Vaccine and they, that they don't regard that they have enough data to positively exclude it.
So you cannot read that as saying that multiple sclerosis is caused by hepatitis B Vaccine.

Q - I never said that. The IOM did for some of the Vaccines and Adverse Reactions, did conclude that it favors rejection of a causal relationship, correct?
A - Yes, that's correct.

Q - But it didn't reach that conclusion for Hepatitis B and Multiple Sclerosis, correct?
A - It did not reach that conclusion.
But other data suggests that that conclusion is warranted, that there is no relationship.

Siri, Lawyer - Well, I'll make a demand for that.

Siri, Lawyer - What would need to be done to - in order to know whether or not any of these reported conditions are caused by the Vaccine, what you would need is a properly randomized, as you've said earlier, placebo-controlled study, correct?
A – Correct.
And, also, I would point out that multiple sclerosis is a disorder of adults, and the issue that arose in France was related to Vaccination of adults. That does not mean that it would be an issue, even if it were an issue, for children.

Siri, Lawyer - Dr Plotkin, I was just asking what it says on there.
There's lots of conditions listed.
I'm not saying that multiple sclerosis is caused by this.
I'm just asking if it's listed on Section 6.2.
In fact, we can even read the top of Section 6.2 which says:
The following additional adverse reactions have been reported with the use of the marketed Vaccine.
Because these reactions are reported voluntarily from a population of uncertain size, it is not possible to reliably estimate their frequency or establish a causal relationship to a Vaccine exposure, right?
A - Correct.

Q - So that's what it says right at the top of 6.2?

But these are events that are reported after Vaccination.

And as you've just, we just discussed, in order to establish whether it's causal between the Vaccine and the condition, you need a randomly, a randomized, placebo-controlled study?

A - Yes.

Q - But that was not done for this Hepatitis B Vaccine before licensure, was it?

A – No.

Q - And given that the Vaccine now appears on the CDC's recommended list, isn't it true that it would now be considered unethical to conduct such a study today?

A - It would be, yes, it would be ethically difficult.

Q - So let's take a look at Engerix-B.

That's the other the hepatitis B Vaccine that you testified that you recommend Faith receive. Do you know how long adverse reactions were reviewed after each dose of that Vaccine in the prelicensure clinical trial?

A - No.

Q - I'm going to hand you what has been marked Plaintiff's Exhibit 11.

This is the manufacturer insert for the Engerix-B.

If you turn to Section 6.1, which is clinical trials experience, can you please tell me how long the safety review period was in the prelicensure clinical trials after each dose?

A - All subjects were monitored for 4 days post administration.

That does not necessarily mean that they didn't collect reactions after 4 days.

Q - Are you claiming they collected reactions after 4 days but didn't disclose it here in violation of the Code of Federal Regulations?

A - I daresay that they collected putative reactions for a longer period.

I feel quite positive about that.

When they say, they were monitored for 4 days, that means active monitoring as opposed to collecting reports later on.

That is not uncommon in clinical trials.

Q - Is 4 days long enough to detect an Autoimmune issue that arises after 4 days?

A – No.

Q - Or a Neurological Disorder that arises after 4 days?

A - No. That would be reported later.

Q - And can you provide any proof that there was any reports or follow-up after those 4 days?

A - Well, it doesn't say that here, but I am willing to bet, that they did collect reactions after 4 days. And, I imagine that the FDA would not have allowed them not to do that.

Q - I'm going to make a request for you to provide proof of what you're claiming, that there was actually, for both hepatitis B Vaccines, any safety review that occurred after 4 days of administration of any dose of these Vaccines.

Ms Nieusma - Again, I'm going to continue the objection, I guess, from last time since we took a longer break.

There's a proper procedure to request documents in discovery. He doesn't have to come back and produce it.

Q - So, and there's no, there was no placebo group, correct? In the 13,000, in the trial at the top where it talks about 13,000 doses being administered.

A - It does not say that there was a control group.

I don't know. I'd have to go back and look at the study.

Q - And do you believe, so you think there – but you're just speculating that there might have been a control group?

A - There well might have been. It's not unusual for controls to be included, especially if you're looking at reactions. But I don't know specifically for this study.

Nervous System Disorders

Q - If you're claiming there might have been a control group, then please do provide support for that, because as far as I understand, the manufacturer - and this was - who makes Engerix-B? Glaxo?

One of your clients.

If there was a control group, they needed to have disclosed that. And I assume they're not disclosing it because there was none. So let's go back to section, now Section 6.2 on this manufacturer insert for Engerix-B.

It talks about the post-marketing experience for this Vaccine. This one lists for immune disorders, immune system disorders that were reported, a whole number of them, correct?

And it also lists a number of Nervous System Disorders, including:

1. Encephalitis,
2.Encephalopathy,
3. Migraine,
4. Multiple Sclerosis,
5. Neuritis,
6. Neuropathy,
7. Paresthesia.
8. Guillain-Barre Syndrome,
9. Bell's Palsy,
10. Optic Neuritis,
11. Paralysis,
12. Paresis,
13. Seizures,
14. Syncope,
15. Transverse Myelitis.

Correct? It lists all of those?
A - Yes.

Q - But to know whether or not these are actually caused by Engerix-B, again, you would need a properly randomized, placebo-controlled study, correct?
A - Correct.

Q - But this study wasn't done prelicensure for this vaccine, right?
A - I'd have to go back and look at the original studies. But these data, undoubtedly, refer not only to the study that was done before licensure, but also to phenomena reported after licensure.

Q - That's 6.2. And, again, given this Vaccine now appears on the CDC's recommended list, it would be unethical to do a randomized, placebo-controlled study of this Vaccine, right?
A - In children it would be unethical. It could be done in adults.

Q - Now, if you please go to page 11 of this same manufacturer insert for the hepatitis B, if you take a look over there, I think you'll find that it provides that there was a follow-up with regard to efficacy, not safety, efficacy, that was beyond the 4 days?
A - Yes.

Q - Do you see there was a 12-month and an 18-month follow-up?
A - Yes.

Q - So just to be clear, efficacy of the Vaccine was followed up for at least 12 months or 18 months, but safety was only done for 4 or 5 days?
A - I do believe that GSK, like any other company, would have followed their patients much longer than 4 days and would have collected reaction data.

Q - And if they didn't do that, you would agree that that is completely inadequate in terms of assessing safety prelicensure?

A - I would say that would be inadequate, yes.

Q - Do you agree with the CDC's recommendation that babies receive a hepatitis B on the first day of life?

A - Yes.

Q - And these are, the Engerix-B and Recombivax HB are the only 2 hepatitis B Vaccines approved for 1-day-old babies, correct?

A - Correct. "And why is that?" you may ask.

It is because if the baby is not Vaccinated.

I'm telling you that if the baby is not Vaccinated at 1 day of age, transmission may occur from an infected mother.

And the hepatitis B occurring in babies is likely to become chronic and to cause serious disease later in life.

That's why the dose is given at 1 day of age.

Q - Obviously, I'm just trying - like any product, obviously, you want to have informed consent to understand the risks and benefits.

I'm just trying to understand what was done prelicensure for these Vaccines.

I think you've explained that to me.

One of the things you said in the past and I believe is that without clinical trials, without a control group in a clinical trial, you're in la-la land, right?

You said that one time? Do you recall?

A - Without a control group, if you're looking for a phenomenon occurring in the Vaccine group, you cannot judge that phenomenon without having a control group.

Q - There's only 1 standalone polio Vaccine currently licensed in the United States, correct?

A - Well, as far as licensure, I think both oral and inactivated vaccines are licensed. But the only one that is used in the U.S. currently is the inactivated one.

Q – IPV?
A - Yes.

Q - And there's only one Company - Sanofi, there's only one, IPOL by Sanofi?
A - Yes.

Q - A Vaccine: How long was the safety review for each dose of IPOL in the preclinical trials for that Vaccine?
A - IPV has been used throughout the world for years in millions of people, and safety data have been collected on many such studies. And essentially, serious reactions to IPV are extremely rare. So IPV is a very safe Vaccine.

Q - I'm asking you in the prelicensure clinical trial, is there clinical trial data on safety?
A - Yes.

Q - Is that the same Vaccine that's used today?
A - Yes.

Q - Are you prepared to produce that clinical data?
A - Those data are in this book, and I'll be glad to provide you with the references if you really insist. But IPV, as I've said, has been used in millions and millions of people.

Q - If it's so safe, then how come the safety review period for the prelicensure clinical trial as provided in the manufacturer insert for IPOL only reviewed safety for 48 hours?
A - Once again, I have no doubt that safety observations were made after 48 hours, but they expected that immediate reactions, such as a sore arm or fainting or something like that, would have happened within 48 hours.
And, also, I'm sure that they're talking about their own specific production of IPV and not relying on the millions of other people who have been Vaccinated with IPV.

Q - I'm going to hand you what's being marked as Exhibit 12. This is the manufacturer insert for the IPOL polio virus vaccine inactivated.

If you could please turn to Section 6.1, Dr Plotkin.

If you could turn to the adverse reactions, which is on page 12, 14.

Ms Nieusma - I'll preserve the objection. To my understanding, Dr Plotkin had no role in study design. You're asking him to speculate as to the reasoning of other people that he had no contact with.

Siri, Lawyer - Okay. He's testifying that my client should receive this Vaccine. I can certainly ask him about the prelicensure clinical trials that were done to assess its safety. And you've put him up as an expert in Vaccinology.

So if you go to page 14, Dr Plotkin, how long does it say that adverse reactions were observed after Vaccination?

A – 48 hours.

Q - And did the subject group that received IPV only receive IPV or did they receive another Vaccine along with it?

A - Concurrently with DTP.

Q - And what did the control group receive?

A - I don't see that stated.

Q - If DTP is given along with IPV, how could you know whether a reaction was caused by DTP or IPV?

A - You could not.

However, they do say these systemic reactions were comparable in frequency and severity to that reported for DTP given alone without IPV.

Q - And DTP was the Vaccine we talked about earlier that was withdrawn from the market, correct?

A - Yes.

Q - For safety issues? The only MMR Vaccines available in the United States are made by Merck, correct?
A - Correct.

Q - How long was the safety review. Do you know how long the safety review period for each dose of MMR in the prelicensure clinical trial was for this Vaccine?
A - Not offhand.
The Vaccine has only been used now for about 50 years.

Q - How come there's no clinical trial data in the manufacturer insert?
A - That is something that the FDA would have decided isn't necessary.

Q - The FDA requires a clinical trial be on the insert. They're not here.
So let's - you're saying that this table - and let me take a look at it.
This would have been post licensure, not prelicensure.
And it doesn't indicate a placebo group, nor that it was, this is not a clinical trial, as far as I can tell.
Can you point me to something that had a placebo group and was prelicensure, please?
A I'm not sure of the placebo group. I would have to go back and look at the individual studies. But in terms of prelicensure studies, I am absolutely certain that they were done when the Measles - the Rubella Vaccine I developed was incorporated into MMR. **Obviously clinical trials were done before licensure.** I'm absolutely certain about that.

Q - Well, maybe they're not included because they didn't include a placebo group.
A - They may not have included placebo group, yes.

Q - But there was no control group?
A - I don't remember there being a control group for the studies that I'm recalling.

Q - So you don't, so you're not aware of any trial that assess safety in MMR with the control group, correct?

A - I cannot cite such a study offhand. I'd have to go back and look to see whether control groups were included.

Q - We talked earlier that to assess safety, you need a randomized, placebo-controlled study.

And my understanding from looking at this insert is that no such study exists.

You told me that it's in this chapter, and you assured me it's in there.

But you're not citing to anything in there right now.

So I'm happy to get a copy from you if you like to provide it after this deposition. Would you like to do that?

A - I will look.

Q - Going back to page 6, there are, of the manufacturer insert for MMR, there is an extensive list of adverse reactions that have been reported after licensure of this Vaccine by individuals receiving the Vaccine, correct?

A - Yes.

Q - I'm not going to read through all the ones in the - because it's a page and a half long, but they're extensive. And, of course, we won't know whether or not MMR actually causes any of these unless we have a randomized, placebo-controlled study, correct?

A - Correct.

Q - When I say “these”, I mean all the adverse reactions listed in the manufacturer insert for MMR on pages 6, 7, and 8, right?

You understood that's what I meant?

A - Yes.

Q - Maybe you can help clarify, okay? You know what?

I'll leave that alone. You also testified that Faith should be vaccinated for Hib, correct?

A - Yes.

Q - Do you know how long the safety review period was for each dose of ActHIB in the prelicensure clinical trials for this Vaccine?

A – No.

Q - I'm going to hand you what's been marked as Plaintiff's Exhibit 14, Dr Plotkin.

This is the manufacturer insert for ActHIB.

If we go to Section 6.1 which is the clinical trials experience, I believe you'll see it addresses a number of clinical trials that were performed.

What were the safety review periods in these trials?

A - 48 hours. Yes.

Q - Actually, you know, if you turn to page 8, Dr Plotkin, they did one that actually was 30 days long, correct?

I said if you turn to page 8 of the insert, one of the clinical trials they did actually did look at, did do a 30-day follow-up, correct?

A - Yes.

Q - Now, I'm going to read you a sentence from the paragraph at the bottom of that page.

It says: In study P3206, within 30 days following any dose, one through three of DAPTACEL plus IPOL plus ActHIB Vaccines, **50 of 1,455 - that's 3.4% - participants experienced a serious adverse event, right?**

A - Yes.

Q - Now, one way to establish whether or not those Adverse Events were related to the Vaccine was to have a placebo group, a control group receiving an inert substance, correct?

A - That's one way.

Q - That's right. But there wasn't a control group here receiving an inert substance, correct?

A - As far as it says, no.

Q - And the control group here received other Vaccines, correct?
A – Yes, actually, it does appear to be for dose 4, anyway.

Q - Since there is no placebo group receiving an inert substance, then it's left to the Vaccine manufacturer seeking licensure to determine whether or not the 50 the adverse events that arose are or are not related to the Vaccine, correct? This is out of the, out of 1,455, correct?
A - Yes.

Q - And it was 50 children that had a Serious Adverse Event within 30 days, correct?
A - Yes.

Q - In your experience, Dr Plotkin, in any given 30-day period, do 3.4% of children in this country experience a serious adverse event?
A - Yes. That's quite possible.

Q - In your experience, would you expect 3.4% of children receiving a saline injection to experience a serious adverse event within 30 days of receiving the injection?
A - That's what that means; yes.

Q - So 3.4% every month, that would mean within 3 years, every child in this country would experience a serious adverse event, correct?
A Yes. That's correct.

Q - Wasn't there recently a study out of Hong Kong in which it was actually one of the few randomized placebo-controlled studies in which some children were, randomly got Flu Vaccine and others didn't get the flu shot. And those that got the flu shot, and those who didn't had the same rate of flu. But those who got the flu shot were 4 times more likely to get certain other respiratory infections?
A - I have not read that particular study.

"In a double-blind randomized controlled trial, we randomly allocated children aged 6–15 years to receive 2008–2009 seasonal trivalent influenza inactivated vaccine (TIV; 0.5 mL Vaxigrip; Sanofi Pasteur) or placebo.
There was no statistically significant difference in the risk of confirmed seasonal influenza infection between recipients of TIV *or placebo. However,* ***participants who received TIV had higher risk of ARI associated with confirmed noninfluenza respiratory virus infection (RR, 4.40; 95% CI, 1.31–14.8). Including 2 additional confirmed infections when participants did not report ARI, TIV recipients had higher risk of confirmed noninfluenza respiratory virus infection (RR, 3.46; 95% CI, 1.19–10.1).*** *The majority of the noninfluenza respiratory virus detections were rhinoviruses and coxsackie/echoviruses, and the increased risk among TIV recipients was also statistically significant for these viruses." - in "Increased Risk of Noninfluenza Respiratory Virus Infections Associated With Receipt of Inactivated Influenza Vaccine", Clinical Infectious Diseases, 15 June 2012.*

"We report the results of a large randomized controlled trial of seasonal TIV during a period when pH1N1 as well as seasonal influenza viruses circulated in the community. ***Vaccine efficacy estimate of 47%.*** *Despite evidence of protection against confirmed influenza,* ***there was no evidence that TIV protected children against ARI or FARI. A similar observation was reported in our pilot study (Increased Risk of Noninfluenza Respiratory Virus Infections Associated With Receipt of Inactivated Influenza Vaccine", Clin. Infect. Dis., 15 June 2012)."*** *- in "Protective Efficacy Against Pandemic Influenza of Seasonal Influenza Vaccination in Children in Hong Kong: A Randomized Controlled Trial", Clinical Infectious Diseases, 1 September 2012.*

Q - We can get to it later.
A - But influenza Vaccine is a whole story in itself.

Q - If you haven't read it, that's, you know, we can get to it. I have it.
Now, there's another Act, there's another Hib Vaccine called Hiberix, right, and then - which was licensed after ActHIB, correct?
A - Yes.

Q - And in that clinical trial, they used ActHIB as the placebo to assess safety, correct?
A - If you say so.

Q - The CDC's pediatric schedule, you testified earlier, also includes Vaccination for HPV, correct?
A - Yes.

Q - I'm going to hand you what's been marked as Plaintiff's Exhibit 15.
This is the manufacturer insert for GARDASIL.
Which is a Vaccine against HPV?
A - Yes.

Q - GARDASIL is currently the only HPV used in the United States, correct?
A - I'm not sure whether the GSK Vaccine is still being used or not, but GARDASIL is the one that is used mostly in any case.

Q - Can you please turn to page 8, table 9, of this insert.
This table reflects girls and women 9 through 29 years of age who reported an incident condition potentially indicative of a systemic autoimmune disorder during the clinical trial, correct?
A - Yes.

Q - The subjects receiving GARDASIL show a rate of 2.3%.

So that means 2.3% of the girls and women in the clinical trial during a 6-month period had an incident that indicated a Systemic Autoimmune Disorder, correct?

A – Yes.

Q - And in the AAHS control or saline placebo group, it shows the same rate, correct?

A - Yes.

Q - Do you know how many individuals were in the saline placebo group versus the AAHS control group?

A - Well, it says 9,412.

Q - That would be the total number for both groups, correct?

A - No. For the placebo group.

Q - For the placebo group, correct. But some of them received AAHS, and some of them received a saline injection, correct?

A - Correct.

Q - Do you know how many received a saline injection over an AAHS injection?

A - Don't know.

Q - Let's go to page 4, and table one is for girls and table 2 is for boys.

I'm assuming all participants were either girls or boys.

If we add up the saline placebo group for the girls and the saline placebo group for the boys, do we get 594?

A - Well, I have to do the arithmetic.

But it appears that there were about 5,000, more than 5,000 in the AAHS control and about 600 in the saline placebo.

Q - It's about 594. It's about 600. That's right, right?

So if we go back to page 8, the saline placebo group had about 5 in 600, and the rest of them were AAH control, correct?

A - Apparently, yes.

Q - What does AAHS stand for?

A - The Aluminum adjuvants.

Q - And I see it's defined here as amorphous Aluminum Hydroxyphosphate sulfate.

AAHS is not an inert substance, correct?

A - Well, it's not saline, if that's what you mean.

But they use it as a control because they're trying to make, to determine what the reactions are to the HPV Vaccine that contains the Aluminum and separating the reactions to Vaccine from reactions to the Aluminum.

Q - Let me try and understand that.

Are you saying they're trying to determine what the rate of reactions is between the group that gets GARDASIL.

A - Yes.

Q - With the group that gets the Aluminum.

A - Yes.

Q - With the group that gets saline?

A - Yes.

Q - So they want to compare between those 3 distinct groups, correct?

A - Yes.

Q - The antigens bind to the Aluminum?

A - Yes.

Q - And the Aluminum is persistent?

A - Yes.

Q - And it remains in the body such that it continues to present the antigen such that antibodies can be created to it, correct?

A - Well, at least during the immediate period of Vaccination, yes.

Q - There is, in fact, a Syndrome called autoimmune/autoinflammatory Syndrome induced by adjuvants, correct?

A - That is a debatable point.

There's a fellow named Yehuda Shoenfeld, an Israeli, who has pushed this idea for many years, as I think it's fair to say that he has never had acceptance by the larger community of immunologists or rheumatologists.

Q - I'm going hand you what's being marked as Exhibit 16.

Are you familiar with this book?

A - Generally speaking, yes.

I can't say I've read it all, no.

Q - And it's entitled "Vaccines In Autoimmunity", correct?

A - Yes, correct.

Q - And it extensively discusses, it's - it discusses many Autoimmune Conditions that the authors believe can be caused by Vaccine, and in particular by Aluminum adjuvants?

A - I don't know about particularly Aluminum adjuvants, but that's one of their arguments.

Q - There are, I think, somewhere around 77 contributors listed here.

You said that Yehuda Shoenfeld was kind of alone, I think, or something like that with regard to the claim that autoimmune/autoinflammatory syndrome induced by adjuvants.

A - Yes.

Q - Can you just flip through and look at the universities that are listed here where these over 70 professors hail from.

Are these respected institutions of medicine around the world?

A - Well, first of all, I have to go over the CVs of each of the people here.

You know, I don't know what their role is at the universities.

As I said before, Shoenfeld – first of all, Shoenfeld himself is not anti-vaccination.

I know that for a fact.

On the other hand, at least one of his co-authors, Tomljenovic, is a well-known anti-vaccination person who has written a lot about how terrible Vaccines are.

And as far as the articles are concerned, you know, I have to read each one.

But, for example, Vaccination in patients with autoimmune inflammatory rheumatic diseases, in other words, patients who themselves already have autoimmune diseases, that's a, certainly a legitimate field of study; in other words, how do you Vaccinate people who already have autoimmune disease?

Could their Vaccinations make things worse?

But that doesn't necessarily mean that the Vaccines themselves cause disease. Now, here we have a chapter called "Measles, Mumps, and Rubella Vaccine: A Triad to Autoimmunity", of which Shoenfeld himself is one of the authors.

I am - what shall I say?

I do not believe there is any solid evidence that Measles, Mumps, and Rubella disease cause autoimmune responses.

So, you know, lots of books are published, and a lot of them are absolute bull.

Q - Are you saying that this book is bull?

A - I haven't read the whole thing, but I'm almost certain there's a lot of bull in it, judging from the editors.

Q - Without reading it, right?
A - Without reading all of it, yes.

Q - Are you familiar with the Tel Aviv Sourasky Medical Center?
A - No.

Q - Are you familiar with the University of Paris?
A - University of Paris. Paris has many different universities.
They're sort of numbered.

Q - Familiar with University of Pisa?
A - No. I'm sure there is a University of Pisa.

Q - Are you familiar with the Technion-Israel Institute of Technology?
A - Yes.

Q - The Rappaport School of Medicine?
A - I can tell you one thing because I've talked to Israelis about Shoenfeld, and Shoenfeld's opinions are not majority opinions even in Israel.

Q - But for better or worse, there is a syndrome out there that is called autoimmune/autoinflammatory syndrome induced by adjuvants, and there are apparently professors at universities who disagree about the syndrome.
But it is out there, right?
A - There is - Shoenfeld has postulated the syndrome, yes.

Q - And there's at least 70 professors at universities around the world that are in agreement with that syndrome in his book.
A - No, absolutely not. I'll bet if you go through that book and talk to them, you would find that most of them probably do not agree because all of the articles in this book don't say that Vaccines cause autoimmunity.
Some of them do.

Q - There has been concern raised that Aluminum adjuvants of Vaccines can cause autoimmunity.
A - There has been concerns raised, yes.

Q - So if there's been concerns raised that Aluminum in Vaccines can cause autoimmunity and there's this medical text with which I understand your opinion on, why combine the autoimmunity rate in the Aluminum adjuvant control with the autoimmunity rate in the saline placebo?
Why not break those out to show them separately?
A - Well, they did to some extent. But I think the reasoning was that they wanted to be sure that the reactions that were seen - and let me parenthetically say that HPV vaccine is painful.
And they wanted to be sure that the reactions that they were seeing were not caused by the adjuvant or that they were specific to the HPV antigens themselves and not to the adjuvants. So I can judge that's why they did that.

Q - Well, under that logic, then they certainly should have broken out the Aluminum control from the saline placebo control and showed them in 2 separate columns on page 8, correct?
A - They probably should have, yes.

Q - So that you could see the difference in autoimmune rate between the individuals receiving the Aluminum and the saline placebo, correct?
A - Yes.

Q - In your experience, would you expect 2.3% of the girls, of girls and women in this country between the ages of 9 and 26 to develop a Systemic Autoimmune Condition in a 6-month period?
A - Well, that's a hard question for me to answer.
I am not a rheumatologist.
But the, when they say “autoimmune conditions”, I'd have to read exactly what they mean.

Q - There's a list. If you go to page 8, they've got a long list right there of the conditions. Starts with Arthralgia.

A - Yes. So they have included just about everything that you could consider in Autoimmune Disorder. And all I can say is that they have, as I - well, as I've just said, they've attempted to include everything.

And those are the data. You know, what can I say?

As far as 2.3% autoimmune disorders in 6 months, these are women 9 through 26 years of age, so they're not just girls.

And I don't think it's impossible that that's the case, especially when you have a list of disorders that is so comprehensive as this.

Q - So 2.3% in 6 months, 4.6% in a year, in 10 years half the women in this country would have autoimmunity.

In your experience, would that be accurate?

A - Well, again, I am not a rheumatologist, so I cannot answer that question specifically. All that I can say is that they attempted to do a comprehensive study of autoimmune phenomena or putative autoimmune phenomena in this study, and that's what they found.

Q - What, do you know the percentage of girls in the saline placebo group that developed a systemic autoimmune condition during this clinical trial versus the AAH control.

A - No.

Q – AAHS?

A - No, I did not, without going back to the original study.

Q - Dr Plotkin, I'm going to hand you what's been marked as Plaintiff's Exhibit 17.

This is the clinical trial data for the saline placebo control group in the GARDASIL trial.

You can see that the number of Vaccinated in the placebo is 596. It says: A study of GARDASIL in preadolescents and adolescents, correct?

A - Yes.

Q - Page 2, you can see this. It has the 596 saline placebo recipients. Can you please turn to the Serious Adverse Event section, unfortunately.

A - Serious Adverse Events.

Q - You can see that the second column is the placebo, the results of the placebo group, correct?

Can you please take a minute and go through each page and tell me if there was any value that wasn't zero in terms of finding a Serious Adverse Event?

A - No, I don't see any.

Q - So in the saline placebo group during the trial, there was not a single Systemic Autoimmune Disorder that was reported, but yet there was 218, 2.3%, or maybe more actually, in the AAH control when you pull out the saline placebo group.

A - Again, you have to do the arithmetic.

But if you subtract the 600 or so from the total, you can easily figure out the percentage in the Aluminum group.

Q - So let's do that.

There's 900,412 in the Aluminum group – in the total, in all of, in both groups combined.

A - Yes.

Q - Doesn't it at least caution having a larger saline placebo group if your concern is statistics in terms of statistical power, which I assume.

A - Yes, they might have done that, if they.

Q - But they didn't do that?

A - Yes. I don't know what that decision was based on.

But if you're talking about implication of Aluminum, at this point **there's really no reason to suspect that Aluminum by itself can cause Autoimmune Disease.**

Q - Here's the clinical, prelicensure clinical study in which 2.3% of participants in the GARDASIL group and in the control group had a Systemic Autoimmune Disorder, and it was deemed safe because they were around the same rate, right?

A – Yes.

Q - If you turn to page 5, they, again, break out the GARDASIL/AAH control and saline placebo groups in tables 3 and 4 correct?

A - Yes.

Q - But they chose to conveniently combine it when it came to Systemic Autoimmune Disorders, right?

A - Well, in the case of the page 4 and 5, they were looking at local reactions.

And, of course, Aluminum does give local reactions.

On page 8, whether we're looking at systemic autoimmunity, I guess they believed that Aluminum in itself is reasonable control and would not cause autoimmunity.

Aaron Siri, Lawyer - So going into the study, they just assumed Aluminum wouldn't cause autoimmunity and so that's how they proceed in designing it. I got it." - in "Deposition of Dr Stanley A. Plotkin, MD, State of Michigan in the Circuit Court for the County of Oakland Family Division: Lori Matheson f/k/a Lori Ann Schmitt, Plaintiff vs. Michael Schmitt, Defendant; Case No. 2015-831539-DM.", New Hope, Pennsylvania, 12:37, 11 January 2018.

Vaccines for Babies First 6 Months of Life 3 Shots of Each

Vaccine	Safety Review Period	Control Used
Hib by Merck	3 Days	Hib
IPV by Sanofi	3 Days	None
Hep-B by Merck	5 Days	None
DTaP by GSK	28 Days	DTP
PCV13 by Pfizer	6 Months	PCV7

Is 3 or 5 Days Enough To Asses Any Neurologic Side Effects of Vaccines?

"What to know about this extra dose: According to the CDC, if any child receives the MMR Vaccine before their first birthday, they will need 2 more Vaccines to complete the series.

The second dose is given between 12 and 15 months of age, and the third dose is given at least 28 days following the second dose." - in "CDC says infants should get extra measles vaccine prior to traveling abroad as cases rise", ABC News, 22 June 2023.

Vaccines in the Child and Adolescent Immunization Schedule*

Vaccine	Abbreviation(s)	Trade name(s)
COVID-19	**1vCOV-mRNA**	Comirnaty®/Pfizer-BioNTech COVID-19 Vaccine
		SPIKEVAX®/Moderna COVID-19 Vaccine
	2vCOV-mRNA	Pfizer-BioNTech COVID-19 Vaccine, Bivalent
		Moderna COVID-19 Vaccine, Bivalent
	1vCOV-aPS	Novavax COVID-19 Vaccine
Dengue vaccine	**DEN4CYD**	Dengvaxia®
Diphtheria, tetanus, and acellular pertussis vaccine	**DTaP**	Daptacel® Infanrix®
Diphtheria, tetanus vaccine	**DT**	No trade name
Haemophilus influenzae type b vaccine	**Hib (PRP-T)** **Hib (PRP-OMP)**	ActHIB® Hiberix® PedvaxHIB®
Hepatitis A vaccine	**HepA**	Havrix® Vaqta®
Hepatitis B vaccine	**HepB**	Engerix-B® Recombivax HB®
Human papillomavirus vaccine	**HPV**	Gardasil 9®
Influenza vaccine (inactivated)	**IIV4**	Multiple
Influenza vaccine (live, attenuated)	**LAIV4**	FluMist® Quadrivalent
Measles, mumps, and rubella vaccine	**MMR**	M-M-R II® Priorix®
Meningococcal serogroups A, C, W, Y vaccine	**MenACWY-D**	Menactra®
	MenACWY-CRM	Menveo®
	MenACWY-TT	MenQuadfi®
Meningococcal serogroup B vaccine	**MenB-4C**	Bexsero®
	MenB-FHbp	Trumenba®
Pneumococcal conjugate vaccine	**PCV13** **PCV15**	Prevnar 13® Vaxneuvance™
Pneumococcal polysaccharide vaccine	**PPSV23**	Pneumovax 23®
Poliovirus vaccine (inactivated)	**IPV**	IPOL®
Rotavirus vaccine	**RV1** **RV5**	Rotarix® RotaTeq®
Tetanus, diphtheria, and acellular pertussis vaccine	**Tdap**	Adacel® Boostrix®
Tetanus and diphtheria vaccine	**Td**	Tenivac® Tdvax™
Varicella vaccine	**VAR**	Varivax®
Combination vaccines *(use combination vaccines instead of separate injections when appropriate)*		
DTaP, hepatitis B, and inactivated poliovirus vaccine	**DTaP-HepB-IPV**	Pediarix®
DTaP, inactivated poliovirus, and *Haemophilus influenzae* type b vaccine	**DTaP-IPV/Hib**	Pentacel®
DTaP and inactivated poliovirus vaccine	**DTaP-IPV**	Kinrix® Quadracel®
DTaP, inactivated poliovirus, *Haemophilus influenzae* type b, and hepatitis B vaccine	**DTaP-IPV-Hib-HepB**	Vaxelis®
Measles, mumps, rubella, and varicella vaccine	**MMRV**	ProQuad®

*Administer recommended vaccines if immunization history is incomplete or unknown. Do not restart or add doses to vaccine series for extended intervals between doses. When a vaccine is not administered at the recommended age, administer at a subsequent visit. The use of trade names is for identification purposes only and does not imply endorsement by the ACIP or CDC.

Source: "Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger", CDC 24/7: Saving Lives, Protecting People, 2023.

Request to the CDC for Studies, That Show That, Vaccines Don't Cause Autism

"FOIA Requests to the CDC, were as follows:

- All studies relied upon by CDC to claim that the DTaP Vaccine does not cause Autism.
- All studies relied upon by CDC to claim that neither Engerix-B nor Recombivax HB (Vaccines) do not cause Autism.
- All studies relied upon by CDC to claim that Prevnat-13 (Vaccine) does not cause Autism.
- All studies relied upon by CDC to claim that Hib Vaccines do not cause Autism.
- All studies relied upon by CDC to claim that inactivated polio Vaccine (IPV) docs not cause Autism.
- Copies of the studies the CDC relies upon to claim that the cumulative exposure of Vaccines it recommends that babies be administered during the first 6 months of life do not cause Autism.

In Reply to the FOIA Requests, the CDC Cited 20 Studies, Reviews

18 Involving Thimerosal and/or MMR
1 Involving antigen (Not Vaccine) exposure
1 Involving MMR, Thimerosal, and DTaP
0 Involving Vaccines requested, except 1 study of DTaP which found a correlation!" - Aaron Siri, Lead Counsel, ICAN Legal Team, in "Novel Coronavirus Southwester Intergovernmental Committee", Arizona State Senate, 25 May 2023.

Hepatitis B Vaccine Clinical Trials

"RECOMBIVAX HB [Hepatitis B Vaccine, Recombinant] is indicated for prevention of infection caused by all known subtypes of hepatitis B virus. **RECOMBIVAX HB is approved for use in individuals of all ages.**

RECOMBIVAX HB Dialysis Formulation is approved for use in adult predialysis and dialysis patients 18 years of age and older.

In 3 clinical studies, 434 doses of RECOMBIVAX HB, 5 mcg, **were administered to 147 healthy Infants and Children (up to 10 years of age) who were monitored for 5 Days after each dose.**

Injection site reactions and Systemic Adverse Reactions were reported following **0.2% and 10.4% of the injections,** respectively.

The most frequently reported Systemic Adverse Reactions (>1% injections), in decreasing order of frequency, were:

1. **Irritability,**
2. **Fever (≥101°F oral equivalent),**
3. **Diarrhea,**
4. **Fatigue/weakness,**
5. **Diminished appetite,**
6. **Rhinitis.**

In a study that compared the 3-dose regimen (5 mcg) with the 2-dose regimen (10 mcg) of RECOMBIVAX HB in adolescents, the overall frequency of adverse reactions was generally similar.

In a group of studies, 3,258 doses of RECOMBIVAX HB, 10 mcg, were administered to 1,252 healthy adults **who were monitored for 5 Days after each dose.**

Injection site reactions and **Systemic Adverse Reactions were reported following 17% and 15% of the injections, respectively.**

The following adverse reactions were reported:

Incidence Equal To or Greater Than 1% of Injections

GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS

Injection site reactions consisting principally of:

Soreness, and including
Pain,
Tenderness,
Pruritus,
Erythema,
Ecchymosis,
Swelling,
Warmth,
Nodule formation.

The most frequent systemic complaints include:

Fatigue/weakness;
Headache; fever (≥100°F);
Malaise.

GASTROINTESTINAL DISORDERS

Nausea;
Diarrhea

RESPIRATORY, THORACIC AND MEDIASTINAL DISORDERS

Pharyngitis; upper respiratory infection Incidence Less Than 1% of Injections

GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS

Sweating;
Achiness;
Sensation of warmth;
Lightheadedness;

Chills;
Flushing

GASTROINTESTINAL DISORDERS

Vomiting;
Abdominal Pains/Cramps;
Dyspepsia;
Diminished appetite

RESPIRATORY, THORACIC AND MEDIASTINAL DISORDERS

Rhinitis;
Influenza;
Cough

NERVOUS SYSTEM DISORDERS

Vertigo/Dizziness;
Paresthesia

SKIN AND SUBCUTANEOUS TISSUE DISORDERS

Pruritus;
Rash (non-specified);
Angioedema;
Urticaria

MUSCULOSKELETAL AND CONNECTIVE TISSUE DISORDERS

Arthralgia including Monoarticular;
Myalgia;
Back Pain;
Neck Pain;
Shoulder Pain;
Neck Stiffness

BLOOD AND LYMPHATIC DISORDERS

Lymphadenopathy

PSYCHIATRIC DISORDERS

Insomnia/Disturbed Sleep

EAR AND LABYRINTH DISORDERS

Earache

RENAL AND URINARY DISORDERS

Dysuria

CARDIAC DISORDERS

Hypotension" - in "RECOMBIVAX HB Hepatitis B Vaccine (Recombinant)", Package insert Recombivax HB, MERCK, December 2018.

The More Vaccines You Give Your Child, The More Likely It Is That They Will Develop Chronic Diseases Including Autism

"The data is clear: the more Vaccines you give your child, the more likely it is that they will develop chronic diseases including Autism.

Here's a quick summary of my survey of the parents of 10,000 kids.

The results agree with peer-reviewed studies that have been done.

The CDC refuses to do this study (vaxxed vs. fully unvaxxed).

Here is the summary of the survey, the odd-ratio for kids getting the condition with 10-15 Vaccines compared with kids with no Vaccines or Vitamin K shots.

So, if you got 10-15 Vaccines, you are 4.5 times more likely to develop Autism than an Unvaccinated child.

And we know from other studies (pediatric clinics with thousands of unvaccinated kids), that when you eliminate Vaccination and the use of Tylenol, the Autism rates drop to near 0 (zero).

These results shouldn't be a surprise at all.

They are similar to other studies comparing vaccinated with fuly unvaccinated kids.

The bottom line is that Kids with more Vaccines are More likely, to have a large number of Chronic Neurological Conditions.

For example:

ADHD: 7 times more

Autoimmune Disorders including PANDAS/PANS: 21 times more

Autism: 5 times more

Asthma: 9.3 times more

Epilepsy: 4 times more

Sinusitis: 32.8 times more

Other serious Mental Health/Behavioural conditions not listed as OCD: 9 times more

Also the vitamin K shot, should always be refused.

It is as devastating as giving your child a Vaccine at birth as has been clearly pointed out in the Control Group study.

In short, listening to your doctor was a huge mistake that your child will likely never recover from." - in Steve Kirsch, founder of Vaccine Safety Research Foundation, in "Steve Kirsch's newsletter", 31 May 2023.

Fainting After Vaccination

"Fainting Can Happen After Many Types of Vaccinations.

Fainting can be triggered by Many Types of Medical Procedures. In fact, CDC has received reports of people fainting after nearly all Vaccines.

Fainting after getting a Vaccine is most commonly reported after 3 Vaccines given to adolescents:

HPV,
MCV4, and
Tdap.

Because the ingredients of these 3 Vaccines are different, yet fainting is seen with all of them, scientists think that fainting is due to the Vaccination process and not to the Vaccines themselves.

However, **there is not yet a definite answer about whether an ingredient of the Vaccines is responsible for the fainting or if adolescents are simply more likely than children or adults to experience fainting."** - in "Fainting (Syncope) after Vaccination", CDC 24/7: Saving Lives, Protecting People, Centers for Disease Control and Prevention, 28 August 2015.

The Vaccine Master of Puppets

"Dr Stanley Alan Plotkin, MD, a consultant to Vaccine manufacturers, such as Sanofi Pasteur, as well as Biotechnology Firms, Non-Profits and Governments.

In the 1960's, he played a pivotal role in discovery of a Vaccine against rubella virus while working at Wistar Institute in Philadelphia.

His book Vaccines, is the standard reference on the subject. He is an editor with Clinical and Vaccine Immunology, which is published by the American Society for Microbiology in Washington, D.C." - in "Wikipedia", 17 July 2023.

"Stanley Plotkin has been hugely influential on Global Vaccination practice and policy during his long Vaccine Industry-funded career.

Plotkin "consults for many Pharmaceutical and Biotech Companies, as well as non-profits".

His endorsement of Mandatory Vaccination to counter scepticism about safety, i.e.

> ***"I have to say that it works - even though there's a lot of opposition - because the US maintains high coverage."***

Plotkin's association with MyMetics, SynVaccine, GeoVax Labs, GlycoVaxyn AG, Adjuvance Technologies, BioNet-Asia, Abcombi Biosciences.

Dr Plotkin is a paid consultant to Sanofi Pasteur, GlaxoSmithKline, Merck, Pfizer, Inovio Pharmaceuticals, Variations Bio, Takeda Pharmaceutical Company, Dynavax Technologies, Serum Institute of India, CureVac, Valneva SE, Hookipa Pharma, and NTxBio. Vaxconsult gives advice to vaccine developers." - in "Vaccine Hesitancy: an interview with Stanley Plotkin, rubella Vaccine developer", Rapid Response, BMJ, 23 December 2019.

> ***"Described by Bill Gates as "an indispensable guide to the enhancement of the well-being of our world", Plotkin's Vaccines is a must-have reference for current, authoritative information in this fast-moving field."*** *- in "Plotkin's Vaccines", Science Direct, 2018.*

> ***"I hope that you all have indeed read the Book (Plotkin's Vaccines), and I hope that is more accurate than the Bible."*** *- Dr Stanley A. Plotkin, MD, speeach at National Vaccine Advisory Committee (NVAC), Conference, before 2019.*

The Men of Science Inquisition

"In view of the proposed Regents Bill (an act in relation to the public health, etc.) the following editorial from a recent issue of the New York "World" is certainly worth republishing at this time.

Three Brooklyn physicians of standing.

Drs Thomas Dixon, E. E. Hicks and Le Grand Kerr, have been haled before the bar of the Kings County Medical Society for trial on charge of violating the ethics of the profession.

Dr Dixon in particular was accused of giving out information calculated to benefit the public.

He does not seem repentant, but the others are alive to their sins.

This ethical business has long been the bane of a noble profession.

Just as the Inquisition, designed to preserve the purity of religion, led to atrocities without equal in the rich record of human savagery, so medical ethics have been twisted to repel advance in science, to protect incompetents and to embarrass the household in its rights to the free employment of whom it pleases in the precious work of alleviating illness and preserving life.

Hippocrates and Galen would be shamed by the antics of these organized bodies of physicians, too often more intent upon protecting their pocketbooks and hiding blunders than upon the preservation of the true ethics of medicine - mercy, kindness, promptness and reasonable fees." - in "Medical Ethics", The Eclectic Review, 1913.

"As Lord Oxford, recently reminded us:

"Science like theology was apt, unless it was carefully looked after, to lapse into dogmatism; and one of the most interesting and instructive lessons in that chapter in the annals of free thought was the warning it gave them against the too facile assumption of finality.

It was, perhaps, lucky that men of science had not at their disposal, as churchmen used to have, the apparatus of excommunication and inquisition", and he cited the treatment meted out to Samuel Butler; the perverse and brilliant author of Erewhon "by some of the hierophants of Evolution."

Scientists like divines have to learn:

> *"There lives more faith in honest doubt, Believe me, than in half the creeds."*

One recalls the bitter strife which Huxley waged with Wilberforce and Gladstone over the Bible and science when his opponents had not the light-handed gaiety to retort, as Kingsley did:

> *"Oh ye men of science, leave us our ancestors in Paradise and you may have yours in the Zoological Gardens."*

- in "The Man versus the Microbe", 1929.

A Vaccine Agenda in Place to Create Diseases

"The Pharmaceutical Industry, working with Federal Health Agencies around the world, have a Vaccine Agenda in place to create diseases, and symptoms that people are going to live with for the rest of their life.

I believe the same industry wants to sell you solutions to manage those symptoms for life.

What better way to create a customer base than injecting a Hepatitis B vaccine into a baby on day one, which has a myriad of side effects, such as:

1. **Juvenile Diabetes,**
2. **Juvenile Arthritis,**
3. **Autism,**
4. **you name it…**

And then have the same opportunity then to sell that family or that individual drugs for the rest of their life to manage their symptoms it is an incredibly evil racket.

A lot of people have been woken up to the fact that the Covid-19 injections are a racket, and not truthful, and not completely 100% honest.

So that distrust of that vaccine agenda it's no different the same individuals who are pushing this vaccine Covid-19 agenda, are the same ones who push the CDC schedule for children and teenagers.

If you want hope for your future please resist pharmaceutical instruments and drugs as much as possible in your life and try to find and put more faith in natural remedies.

Please say no to drugs; let's take Nancy Reagan stance "Just Say No to Drugs", that includes anything the drug makers make.

I don't care if it comes in a pill form, I don't care if it comes in an injection, **they all make the same items, just say No to the Drugs, and please say No to Vaccines.**

There's enough research studies, that have already shown unvaccinated children have far less symptoms, symptomatology and diseases than the vaccinated." - Dr Bryan Ardis, DC, in "Propaganda Exposed", Episode 3: Weaponizing Fear & Mandating Compliance, 11 November 2022.

The Unvaccinated Are a threat to the Vaccinated

2015

"When vaccinated people get ill during an outbreak, some people assume that to be evidence that vaccines do not work.

The reality is vaccines work for most people but not all." - in "Unvaccinated Population Poses Different Risks to Different People", The Children's Hospital of Philadelphia, 15 October 2015.

2017

"Vaccines aren't 100% effective.

So even some people who are vaccinated will still be at risk.

The greater the number of unvaccinated people in a community, the more opportunity germs have to spread.

This means outbreaks are more difficult to stem and **everyone is at greater risk of exposure — including vaccinated people.**" - in "If Vaccines Work, Why Do Unvaccinated People Pose a Risk?", The Children's Hospital of Philadelphia, 12 September 2017.

The Aggressive Childhood Vaccine Schedule And The Astonishing Rise In Autism

"I have been thinking about the Toxicity of Aluminum for 35 years. It is my life's work. Before we completed our recent research on Aluminum in brain tissue in Autism, I could not see a direct link between human exposure to Aluminum and Autism.

I certainly saw no immediate role for Aluminum Adjuvants in Vaccines in Autism.

The missing link was a mechanism whereby the brain would be subjected to an acute exposure to Aluminum, for example, as occurs in Aluminum-induced dialysis encephalopathy.

Pro-inflammatory cells, some originating from blood and lymph, heavily loaded with a cargo of Aluminum in brain tissue in Autism provided that missing link.

We all tolerate the Toxicity of Aluminum Adjuvants in Vaccines.

Unfortunately, some of us are predisposed to suffer, as opposed to tolerate, **the Toxicity of Aluminum Adjuvants, and this may cause Autism."** - Professor Christopher Exley, PhD, fellow, Royal Society of Biology; professor of bioinorganic chemistry, Keele University, in "How to End the Autism Epidemic", 2018.

Autism After Adverse Vaccine Reactions

"Tens of thousands of parents have reported that their children regressed into Autism after Adverse Vaccine Reactions.

In 2014, I published a book with Dr Mark Hyman, and Dr Martha Herbert, "Thimerosal: Let the Science Speak", a complete review of the hundreds of peer-reviewed studies that examine the effects of Thimerosal in animals and humans.

Those studies link Thimerosal to a vast inventory of grim Neurological

Disorders now epidemic in children, including ADD, ADHD, Speech Delay, Tics, ASD, and Autism.

Other studies demonstrate Thimerosal's causation to Asthma and a **10 fold increase in Alzheimer's in adults exposed to Thimerosal-laced Flu shots.**

With the publication of Kevin Barry's **"Vaccine Whistleblower: Exposing Autism Research Fraud at the CDC", any claims of credibility for the CDC's science has collapsed.**

Barry built his book upon 4 legally taped conversations between CDC Senior Vaccine Safety Scientist Dr William Thompson, and Simpson College professor and epidemiologist, Dr Brian Hooker.

Thompson now confesses that he and his fellow CDC researchers found a strong Autism signal in children who received the MMR Vaccine before their third birthday.

Dr Thompson told Dr Hooker that **whenever the CDC finds an Adverse Effect from Vaccines, the Agency supervisors assemble CDC scientists in a room and order them to massage the data until they have devised a gimmick for eliminating the unwanted signal.**

"I have a boss who is asking me to lie.
The higher-ups wanted to do certain things and I went along with it. Thimerosal from Vaccines causes Tics.
I can say Tics are 4 times more prevalent in kids with Autism.
There is biologic plausibility right now to say that Thimerosal causes Autism-like features.
I have great shame now, when I meet families with kids with Autism. Because I've... I've been part of the problem." *- Dr William Thompson, Ph.D., Epidemiologist, Senior Vaccine Safety Scientist , Centers for Disease Control and Prevention (CDC), since 1998.*

Dr Thompson is not an insignificant figure at the CDC.

He is the author and co-author of all 3 of the leading CDC studies that supposedly exonerate Vaccines as a causative agent of Autism:

1. "MMR Vaccine and Autism: an update of the scientific evidence", Dr William Thompson, DeStefano, Expert Rev Vaccines, February 2004.
2. "Early Thimerosal exposure and neuropsychological outcomes at 7 to 10 years", Dr William Thompson, New England Journal of Medicine, 27 September 2007.
3. "Prenatal and infant exposure to Thimerosal from Vaccines and immunoglobulins and risk of Autism", Dr William Thompson, Price, Pediatrics, October 2010.

The damage isn't isolated to mercury-triggered neurological injuries.

When Thompson discovered that the MMR Vaccine was causing dramatic rises in Autism in African American boys, his CDC bosses ordered him to keep his mouth shut.

The Pharmaceutical Industry spent $3.8 Billion in marketing on TV, Radio, Newspapers, in 2013, and $5.4 Billion in 2005." - in "Vaccine Whistleblower", 2015.

Autism "Genetic Condition" Farce

*"**Autism Spectrum Disorder (ASD)** is a developmental disability caused by differences in the brain. Some people with ASD have a known difference, such as a **Genetic Condition.**" - in "Autism Spectrum Disorder (ASD)", **CDC**, 9 December 2022.*

"A growing amount of research indicates that abnormalities in the Gastrointestinal (GI) system during development might be a common factor in multiple neurological disorders and might be responsible for some of the shared comorbidities seen among these diseases.

For example, many patients with Autism Spectrum Disorder (ASD) have symptoms associated with GI disorders.

Finally, zinc supplementation might also be useful in young children with ASD.

Given that younger individuals with ASD have an especially high risk of zinc deficiency, zinc supplementation will help to overcome some impairments associated with acute zinc deficiency.

For example, diarrhea has been linked to zinc deficiency and zinc supplementation was reported to significantly reduce the symptom as well as increase immune function and ameliorate neurosensory deficits associated with zinc deficiency." - in "Zinc in Gut-Brain Interaction in Autism and Neurological Disorders", Neural Plasticity, 23 March 2015.

> ***"Autism is usually thought to be a lifelong condition, but a small number of children lose the core symptoms and shed the diagnosis.***
> ***A handful of studies in the past 3 years indicate that a minority of children, shed the core symptoms necessary for an Autism diagnosis, no longer met diagnostic criteria for Autism by age 19 and required no extra support."*** *- in "The children who leave Autism behind", Spectrum, 7 September 2015.*

"When a doctor told Susan Levin her 4 year old son, was Autistic, she was shocked.

It was October 2007, and Autism wasn't mentioned in the media nearly as much as it is today.

> *"I remember thinking, 'Oh my God. What are we going to do?' Everyone knew autism was a lifelong disorder and couldn't be cured."*

In his case, it could be, and it was.

One of the biggest factors was what was on his plate.

Hippocrates was right when he advised, "Let food be thy medicine and medicine be thy food."

Statistics point to a definite link between Gastrointestinal issues and Autism.

A 2012 study published by the "Journal of Abnormal Child Psychology", found a direct link between GI issues and behavior.

As many as 70% of children with Autism have Gastrointestinal issues at some point during childhood or adolescence — and diarrhea, food sensitivity and constipation can cause extreme discomfort, leading to irritability, and erratic or withdrawn behavior." - in "The miracle that cured my son's autism was in our kitchen", New York Post, 17 June 2015.

"Children with Autism Spectrum Disorders (ASD) experience high rates of anxiety, sensory processing problems, and Gastrointestinal (GI) problems.

Overall, our results indicate that anxiety, sensory over-responsivity, and GI problems are possibly interrelated phenomenon for children with ASD.

Given that in the majority of the models examined, anxiety and sensory over-responsivity provided significant unique contributions to the prediction of GI problems, it seems plausible that the phenomena are related, but distinct constructs.

While there is evidence from longitudinal studies that anxiety contributes to the development and chronicity of GI problems, it is also possible that GI problems contribute to increased anxiety and reactivity.

Given the complexity of the Brain-Gut connections, complex bidirectional relationships among these variables are also possible.

Common neural mechanisms may explain the associations between these 3 sets of symptoms, including involvement of the Hypothalamic-Pituitary-Adrenal (HPA) axis and amygdala based circuits.

The HPA axis regulates a variety of functions, including responses to stressful stimuli, mood, anxiety, GI, and immune function.

Dysregulation in this system has been observed in individuals with chronic GI problems and in those with anxiety disorders.

Similarly, the amygdala plays a critical role in the appraisal of emotional stimuli and facilitation of emotional responses through its connections with cortical and subcortical brain regions [subcortical brain structures comprise roughly 25% of human total brain volume and consist of a heterogeneous group of gray matter nuclei, including the thalamus, basal ganglia, hippocampus, amygdala, and nucleus accumbens], including the hypothalamus.

The amygdala is activated by aversive stimuli from a variety of sensory modalities, including visceral, visual, olfactory, and auditory.

Increased amygdala activation to particular stimuli has also been observed in individuals with Irritable Bowel Syndrome (IBS) and with anxiety disorders, and has particular relevance to ASD given evidence of amygdala abnormalities.

Recent work examining sensory over-responsivity and anxiety in children with Attention-deficit/hyperactivity disorder (ADHD) has also found evidence of HPA axis involvement.

Increased HPA activity has been observed in children with ADHD with high sensory-over responsivity, and the relations among sensory over-responsivity, anxiety, and physiological markers suggest common underlying mechanisms for a subset of children with ADHD.

Although specific to children with ADHD, these findings may also be relevant to children with ASD who have similar sets of co-occurring symptoms.

In addition emerging evidence of immune dysfunction in ASD may also be relevant to the current findings.

Given the complex interactions between the HPA axis and the immune system, it is not surprising that atypical

immune markers have been found in individuals with anxiety disorders.

Individuals with GI disorders have also been found to have atypical immune function, with evidence of an increase in pro-inflammatory cytokines and altered HPA axis function.

Alterations in these same immune markers have also been reported among individuals with ASD, suggesting another potential common mechanism for GI problems and anxiety in this population.

Moving from mechanism to symptom, **these common neurobiological processes may jointly contribute to increased symptoms across areas.**

The results indicate that anxiety, sensory over-responsivity and GI problems are possibly interrelated phenomenon for children with ASD, and may have common underlying mechanisms." - in "Anxiety, Sensory Over-Responsivity, and Gastrointestinal Problems in Children with Autism Spectrum Disorders", Journal of Abnormal Child Psychology, 1 August 2012.

"Many children with Autism Spectrum Disorder (ASD) have significant food selectivity, which may lead to Gastrointestinal (GI) problems such as constipation and abdominal pain.

Previous studies have found parents to be accurate reporters of GI symptoms in children with ASD (Gorrindo et al., 2012). This was the first study to examine the longitudinal course and predictors of abdominal pain in children with ASD.

The results revealed that over one quarter (25.8%) of the sample experienced chronic abdominal pain at baseline and 30.7% of the sample experienced chronic pain at 1-year follow-up, as compared to prevalence of 0.3 – 8% in most general population studies of children.

Among those who had initial abdominal pain, a large majority (86.7%) continued to experience chronic abdominal pain at 1-year follow-up.

More striking, 23.8% of those who did not have chronic abdominal pain at baseline were reported to develop chronic abdominal pain by 1-year follow-up.

This is consistent with a growing body of research showing that GI problems are very common for children with ASD.

The interrelationships between anxiety, Sensory Over-Responsivity (SOR), and abdominal pain suggest that they may share common underlying mechanisms.

Converging evidence from studies using different physiological and imaging modalities indicates that functional GI problems may be associated with Visceral Pain Hypersensitivity (VPH) in some individuals.

The precise pathophysiology of VPH remains unknown but can be triggered by dysfunction within peripheral and central nocioceptive pathways.

Individuals with functional GI problems show greater activation in the emotional arousal network, including the amygdala and hypothalamus, following visceral stimulation.

In addition, others have found evidence of autonomic dysfunction, increased stress response, and increased startle reflex among individuals with functional abdominal pain.

Chronic abdominal pain, SOR, and anxiety are markedly common problems for children with ASD, and each can have a substantial impact on day-to-day functioning." - in "One-year course and predictors of abdominal pain in children with autism spectrum disorders: The role of anxiety and sensory over-responsivity", Research in Autism Spectrum Disorders, November 2014.

"By the time a child develops Autism he is almost certainly struggling with dysfunction in four of the body's major systems: Gastrointestinal, Neurological, Endocrine (hormonal), and Immune." *- Dr Raphael Kellman, MD, in "Autism: Helping Children Reach Their True Potential", 2015.*

Reversing Autism With Nutrition

"Understanding the biochemistry of Autism opens a unique treatment window for targeted nutrient therapy which can lead the child back into a normal life.

Of the more than 2,000 children with Autism, that I have worked with, all share several factors.

There is a deep disturbance in their fatty acid metabolism, electrolyte balance, production of red and white cells, and their trace mineral balance is sharply altered.

Children with Autism have severe neurological impairment from a biochemical origin.

Autism Appears

The first year of Alex's life in 1993 was fairly ordinary.

He was perfectly fine; there were no signs of any problems in his development.

When Alex was 1 year old, he was Vaccinated with the standard childhood shots, a combination of Measles, Mumps, and Rubella (MMR).

However, his reaction to the MMR shot was going into an anaphylactic shock, a life-threatening allergic reaction that involves circulation and breathing stress.

Hypersensitive to the derivatives that are used in the rubella shot.

He almost stopped breathing from the inflammation and swelling.

He survived-except he wasn't the same afterwards.

Before, he was a happy, laughing baby.

After the MMR Vaccination, Alex began to slip away into a world of his own.

His Body Chemistry

His system was unbalanced on many biochemical levels, and within 3 major categories.

1. First, he had a serious disturbance in his electrolyte status. Specifically, was deficient in sodium (too low) and bicarbonate (carbon dioxide: too low).

Levels of other electrolytes were too high, such as calcium and phosphorus.

Electrolytes control what is called membrane traffic-which is what goes in and out of the cells.

This means that there is no point in providing nutritional supplements unless the electrolyte imbalance is first corrected; otherwise, nothing will get into the cells and toxins cannot be released.

The delicate balance of electrolytes also controls the electrical activity within the brain.

For example, for the brain to remove ammonia from its tissues, preventing an otherwise dangerous buildup, the body requires a sufficient level of bicarbonate.

Too much ammonia in the blood can be toxic, producing symptoms, such as mental confusion, lethargy, seizures, vomiting, coma.

The spacey, dreamy, lack of clarity state observed in most autistic children, is directly linked with a low carbon dioxide levels and disturbed electrolyte status.

As bicarbonates were added at an appropriate time, he was more alert and totally lost the look of confusion.

2. The second major imbalance had to do with nitrogen.

Nitrogen is a key component of amino acids, which combine to form protein. Alex was deficient in 3 principle nitrogen categories ("markers").

Namely, creatinine, uric acid, and BUN (blood urea nitrogen). Bear in mind that he avoided protein foods, which means that the amount of nitrogen and amino acids in his blood were far below normal, as found by these 3 nitrogen markers being low in his blood.

Nitrogen, derived from protein, is a major building block of the body, assessing nitrogen retention tells you if the person is breaking down or building up cells; that is, how stable nitrogen is in the body.

If the individuals body is breaking down substances (catabolism) faster than it is building them (anabolism), the nitrogen content is unstable.

If the body is generally in a condition of staying stable than we know that it is appropriately handling nitrogen.

The blood test results clearly showed that his kidneys and liver were not functioning as well as they should.

After we stabilized his bicarbonate and electrolyte status, his gastrointestinal function normalized and he could handle protein foods.

Thus his kidney and liver function normalized as we stabilized his electrolytes.

3. The third area of Alex's imbalance was indicated by a sharply altered hematology.

This means, overall, that the status of his red and white blood cells deviated from the healthy norm (red/white cell levels were too low).

If a child has a low red blood cell count, his system may have trouble carrying oxygen to the tissues, including the brain.

His immune system was also not functioning at an optimal level.

The activity of one form of white blood cells called lymphocytes was depressed, while the level of monocytes (another immune white cell) was sharply elevated above the norm, indicating a response to chronic infection, GI distress and inflammation.

Finally, Alex had depressed levels of fats in the liquid part of his blood, both cholesterol and triglycerides were quite low.

Lipid levels are an important factor in determining health because the endocrine system and its hormones, the brain and its neurotransmitters, and all the immune system components are derived from lipids (fats).

The fact that his lipid levels were distorted highlights another advantage to knowing the precise blood levels of various nutrients.

First, several of his metabolic problems were due to fatty acid deficiencies.

The body requires specific fatty acids for the smooth running of the gastrointestinal system, the immune system, the formation of cell membranes, nerve sheaths, hormones, and proper functioning of the nervous system.

Many physicians are eager to suggest antioxidant supplementation as a general health measure to offset the cellular damage caused by free radicals. However, **children with Autism have difficulty making the correct lipid components from essential fatty acids and aggressively adding antioxidants worsens their condition.**

Children with Autism require nutrients that stimulate metabolism, rather than suppress it, as antioxidants do; this is why a high dose of Vitamin E (a commonly used antioxidant), often produces negative effects.

Nutrition Restores Alex to the World

With this information in hand, the next step was to develop a nutritional program to correct all biochemical imbalances.

I began by slowly introducing changes into the diet.

To help Alex digest and absorb his foods better, we started him on plant enzymes that helped him to digest protein, carbohydrate and fats.

His parents sprinkled the contents of one enzyme capsule on his food at each meal.

As a further digestive aid, we gave him small amounts of magnesium carbonate and sodium bicarbonate powder 1 hour after each meal. This would help to stabilize his electrolyte and relieve gastrointestinal distress. His parents also mixed the contents of an array of vitamins and minerals into his foods. **After a total of 3 months on the nutritional program, Alex had shifted from a complete absence of speech to being able to say 48 different words.**

In the spring of 1996, 8 months after beginning his targeted nutritional regime, it was clear that he had responded remarkably well to metabolic intervention.

His social interaction, eye contact, imaginative play, and speech all appeared to be well within normal range.

When his parents took Alex back to the pediatrician, who had originally diagnosed him as autistic, the doctor was speechless.

He said that in his 18 years of practice, he had never seen a child with autism change so drastically.

Today, nearing his 8th birthday Alex, is a delight to his parents, family and friends.

He is a little boy lost no longer, but instead has spread his wings and developed into a beautiful, highly intelligent, imaginative little boy." - Patricia Kane, Ph.D., Millville, New Jersey, USA, in **"Reversing Autism With Nutrition"**, Advancing Nutritional Diagnosis and Nutrient Therapy, Bodybio, 2000.

"Examination of over 700 red cell lipid analyses of children with Autism Spectrum Disorder (ASD) have revealed characteristic patterns as elevation of VLCFAs (erucic, lignoceric, lumequic, behenic, adrenic, pentacosanoic), depression of myelination markers as the DMA phospholipids, suppression of prostaglandin one synthesis (ASD patients respond to clonidine and pentoxifilline due to stimulus to PG1, elevation of the arachidonic acid cascade/prostaglandin two synthesis, and complex autoimmune derangement with elevation of EPA/DHA characteristic in disturbances involving the cytochrome P450 enzyme Nitric Oxide Synthase (NOS) and peroxisomal (detoxification/prostaglandin synthesis) dysfunction. NOS and Nitric oxide (NO) formation is augmented by supplementation of DHA (now commercially available derived from algae) and marine oils.

The autoimmune presentation of ASD may initially respond negatively to marine oils, DHA or flax oil due to both the competitive inhibition of omega 3s to omega 6s (prostaglandin one series appears to be suppressed in children with ASD) and the stimulation of NOS/NO towards the autoimmune process.

Nitric oxide as the smallest biologic product of the human cell is intimately involved in synaptic plasticity, immunity, neurotransmission, electrolytic stability, cerebral blood flow, blood pressure, neuromodulation, gastrointestinal and hepatic function.

Imbalance of lipid substrate or damage to prostaglandin synthesis pathways due to immune insult may create grossly complicated Immune-CNS interactions that are riveted in disturbances within cell membrane dysfunction.

Omega 6 essential fatty acids (in this case the precursor PG1 as evening prim rose oil) must be repleted and stabilized before omega 3 supplementation commences.

Consider carefully that the synthesis of prostaglandins is an oxidative process, therefore loading with antioxidants or the incorrect sequence of EFA repletion may impede progress in ASD presentation.

Complex nitrogen metabolism appears to flourish in children with seizures, developmental delay and ASD involving not only Nitric Oxide but nitrogen retention as a whole (described previously as purine Autism first identified by Mary Coleman).

Patients presenting with suppression of CO2 may shun nitrogen (protein) rich foods due to the formation of ammonia leading to a state of hyperammonemia.

Buffers and butyrates attenuate abnormal nitrogen metabolism however, children with ASD are unique in their presentations and as we examine nitrogen retention/NO, electrolyte stability, catalysts, lipid status to reach disturbances in metabolism requires that we act upon these aberrations in an integrative manner from a cellular perspective, not as singular interventions.

Previously, we were hindered by medical literature that failed to differentiate between trans and cis isomers, neglected the importance of essential fatty acids, and sorely misinformed practitioners as to appropriate protocols for lipid manipulation.

Intractable disorders such as adrenoleukodystrophy (ALD) have brought clarification to the labyrinth in the lipid pathways as separate fatty acids are studied and addressed

through lipid (drug) therapy and further attenuated through systemic interventions.

Medicine has been slow to acknowledge **the crucial lipid requirements (4 to 1 ratio of omega 6 to omega 3 or SR3 by Yehuda) to address neurological degeneration.**

The intricate circuitry of the prostaglandins, whose substrates are fatty acids, stabilize cell membrane integrity, and for the first time lipid treatment protocols may be established due to a clear view into the brain through red cell membrane dynamics thereby opening a gateway into resolving Autism and many of the neurodegenerative disorders of our time." - Patricia Kane, Ph.D., in "The Neurobiology of Lipids in Autistic Spectrum Disorder", Journal of Orthmolecular Medicine Vol. 14, No.2, 1999.

"Disturbances in fatty acid metabolism are now rapidly being linked to a myriad of mental and physical disorders.

Examination of red cell membrane fatty acid profiling is reflective of long-term insufficiencies and imbalances in fatty acid metabolism.

Plasma fatty acids reflect dietary intake of a few days duration rather than metabolic conversion observed in fatty acids incorporated into red cell membranes.

Exploration of fatty acid metabolism leads the clinician into a wide realm of metabolic strategies to influence the health of the patient.

Lipids evolve into hormones, the bilipid layer of every cell in the body, prostaglandins, cytokines, immune components, and myelin.

There is virtually no system of the body that does not require attenuation of specific fatty acid substrates and coenzymes to maintain health and repair of bodily tissues.

Examination of patients with affective disorders, depression, schizophrenia, anxiety, Autism, seizure disorders, aggression, attention deficit disorder as well as physically oriented acute and chronic illness reveal characteristic patterns that may be addressed with lipid manipulation with targeted fatty acids through competitive inhibition but of equal critical importance is the stabilization

of the electrolytes, nitrogen retention, dietary manipulation (removal of all trans fats and sharp increase in nutrient density) and coenzyme supplementation (K, Na, Cl, Ca, Mn, Zn, Cr, riboflavin, ascorbate, biotin, cobalamin, folate, alpha tocopherol, pyridoxine, thiamine, niacin, pantothenic acid).

Attention must be focused on the modulation of the disturbed metabolism. Brain function depends on the organic metal constituents of the central nervous system as well as lipids but the convergence of these systems occurs in the case of depression of cholesterol, for example, as manganese is required to stimulate the synthesis of cholesterol." - Patricia Kane, Ph.D., in "Clinical correlation of alteration of endogenous antioxidant-uric acid level in major depressive disorder", Explore!, Vol.8, No.1, 1997.

"Peroxisomes are pivotal in the biotransformation of endogenous compounds in lipid metabolism as fatty acids, steroids, prostaglandins, the formation of myelin impacting the immune, endocrine and central nervous systems in addition to the detoxification of exogenous compounds and xenobiotics. Our findings indicate that the electrolyte disturbances (primarily involving elevation of calcium with depression of carbon dioxide, elevation or suppression of sodium and potassium), altered hematology, compromised nitrogen status (low creatinine, elevated albumin) and elevation of red cell fatty acids Docosahexaenoic with very long chain fatty acids Docosapentaenoic, Nervonic, Erucic, Lumequic, Behenic, Pentacosanoic, Tricosanoic and Lignoceric **may serve as crucial markers in neurodegenerative conditions leading to clarification of the etiology of Autistic syndromes and complex seizure disorders by approaching metabolic derangement** through targeted lipids long chain fatty alcohols, pregnenolone (only after appropriate lipid therapies have been administered), **oral electrolytes, coenzymes, and dietary manipulation (elemental dietary measures)."** - Patricia Kane, Ph.D., in "Peroxisomal Disturbances in Autistic Spectrum Disorder", Journal of Orthmolecular Medicine, Vol. 12, No.4, 1997.

"Proper evaluation and attenuation of lipid metabolism in Autism Spectrum Disorder (ASD) brings a powerful therapeutic tool that integrates the complexities of multiple system involvement and the intimate link of the Central Nervous System to the immune, endocrine, hepatic, renal, gastrointestinal, pulmonary and cardiovascular systems as well as the exquisite capacity to impact the brain from a cellular perspective.

Of tremendous concern in children with ASD is the very passage of peptides through the blood brain barrier, electrolyte instability, immune dysregulation, GI disturbance involving lipid digestion/absorption and intestinal permeability as all are indicative of a loss of cell membrane integrity therefore phospholipids.

Bauman and Minshew have clearly identified aberrations in neurons and membrane phospholipids in ASD patients.

The very mechanism of metabolic entropy, immune dysregulation and loss of cell membrane integrity must be addressed to sustain the health of multiple body systems.

Characteristic findings in ASD as the accumulation of very long chain fatty acids (VLCFAs) and branched chain fatty acids, complex omega 3 and omega 6 imbalances, blocked prostaglandin one synthesis, demyelination, **poor cellular integrity, hepatic toxicity and aberrant lipid production appear to be characteristic in children and adults with ASD."** - Patricia Kane, Ph.D., in "Suppression of Peroxisomal Respiration in Children with Autistic Spectrum Disorder", Int. Conference on Brain Uptake and Utilization of Fatty Acids", Johns Hopkins, 2-3 March 2000.

"Needless Vaccination: The burden from Toxic Vaccination, places an enormous stress upon the Nervous System of the new born, followed by the eventual damage to the brain of the child. Furthermore damaging both the microbiome and the Gastrointestinal barrier. All this creates an inflammation storm in the body system of the infant, from which the Autism Spectrum Disorder arises." *- Rui Alexandre Gabirro, Emunctologist*

"We should realize that Public Health is no longer a matter of Federal, State and Municipal appropriations of huge sums of money for therapeutic facilities available to everyone.
Health can be purchased in a well organized Food Culture: it cannot be purchased as a commodity in Hospitals, Clinics or Custodial Institutions.
In the last analysis Physicians, Hospitals and other Medical service institutions are in the business of treating sickness.
Until we overcome our distorted therapeutic habituations and cease to think of health in terms of remedial measures for sick people, our health programs shall be farcical." *- Dr N. Philip Norman, MD, in "The American Journal of Digestive Diseases" ,Vol.16, No. 2, 1949.*

Moderna Wins $20 Million From Bill Gates: January 2016

"Moderna last year completed the largest funding event among privately held early-stage drug and diagnostic developers last year, raising $450 Million in a private investment round." *- in "Moderna Wins Initial $20 M Grant from Gates Foundation", Genetic Engineering & Biotechnology News, 12 January 2016.*

Moderna Useless: January 2017

"The Crigler-Najjar treatment has been indefinitely delayed.

It never proved safe enough to test in humans, according to several former Moderna employees.

Unable to press forward with that technology, Moderna has had to focus instead on developing a handful of Vaccines, turning to a less lucrative field that might not justify the company's nearly $5 Billion valuation.

"It's all Vaccines right now, and Vaccines are a loss-leader. Moderna right now is a multibillion-dollar Vaccines Company, and I don't see how that holds up." *- former Moderna manager.*

Four Vaccines moving through clinical trials: 2 target strains of influenza, a third is for Zika virus, and the fourth remains a secret.

Bancel tout Moderna's cancer Vaccines." - in "Lavishly funded Moderna hits safety problems in bold bid to revolutionize medicine", StatNews, 10 January 2017.

Biopharmas Seeking Bankruptcy Protection in 2019

"While bankruptcy is a rare outcome for biopharmas, 2019 has bucked that trend with 11 companies declaring bankruptcy so far this year, compared to an average of 4 per year during the past decade, according to a review of data tracked by the firm BankruptcyData.

Drug companies, both young and old, derive value from ideas and hope more than tangible assets or resources.

Just in 2018, early-stage platform companies like Moderna Therapeutics and Rubius Therapeutics went public with multi-billion dollar valuations despite lacking profits and significant clinical data." - in "Bankrupt biopharmas are rare, 2019 has some worried that's changing", Biopharma Dive, **19 November 2019.**

31 Biopharmas at High Risk of Bankruptcy in 2020

"While rare in the drug industry, bankruptcy filings have ticked up in 2019, driven by growing legal, political and market pressures that could bring more companies to zero." - in "31 Biopharmas at high risk of bankruptcy in 2020", Biopharma Dive, **19 November 2019.**

Moderna Largest In History: December 2018

Moderna became a public company via the largest initial public offering of a biotechnology company in history, raising $621 Million by selling 27 Million shares at $23 per share.

Moderna Skyrocketed: May 2020

"The biotech Moderna has skyrocketed to global prominence, leading the world's race for a Coronavirus Vaccine.

The Cambridge, Massachusetts-based biotech was founded in 2010 with the ambitious goal to develop **a new type of medicine.**

A $450 Million funding round in 2015 was a record for the biotech industry. Moderna raised even more the next year.

And its 2018 initial public offering was the largest ever for a biotech.

While its **platform remains unproven, it is now being tested under the brightest possible spotlight of a pandemic.**

Here's the inside story of Moderna's rise, from an offshoot of stem cell research to routinely shattering funding records on its way to biotech's top ranks.

The biotech has spent a decade working to meet this moment, and investors have sent its stock soaring to a valuation of almost $30 Billion." - "Moderna: From startup to $25 billion biotech developing coronavirus vaccine", BusinessInsider, 23 May 2020.

$45 Billion Worth of Vaccines in 2021

"Without Ian MacLachlan's innovative delivery system, Moderna and Pfizer couldn't safely get their mRNA vaccines into your cells.

The Pfizer-BioNTech vaccine had been engineered with messenger RNA technology that instructs the body's immune system to combat the coronavirus.

But to get it safely into human cells, the mRNA needed to be wrapped in microscopic fragments of fat known as lipids.

MacLachlan says:

> *"These people worked like dogs and gave the best part of themselves to develop it."*

Moderna, BioNTech and Pfizer are on their way to selling $45 Billion worth of Vaccines in 2021." - in "Covid's Forgotten Hero: The Untold Story Of The Scientist Whose Breakthrough Made The Vaccines Possible", Forbes, 17 August 2021.

In the Realm of Fantasy

"Almost all medicines either block proteins - the building blocks of life - or, in the case of expensive biotech drugs, are proteins themselves.

Moderna has been promising to hack an entirely different part of life's cookbook.

In order to turn genetic information encoded in DNA into the cellular machines that actually are proteins, living things use a messenger chemical called mRNA." - in "Moderna's Mysterious Medicines", Forbes, 14 December 2016.

Fantasy

"The Pfizer-BioNTech vaccine had been **engineered with messenger RNA technology that instructs the body's immune system to combat the coronavirus."**

Nonsense

"But to get it safely into human cells, **the mRNA needed to be wrapped in microscopic fragments of fat known as lipids."**

Ian MacLachlan

"Independent Biotechnology Consultant Self-employed

2015 - 2023

Consulting on the Development of Molecular Therapeutics for Infectious, Metabolic and Oncology Indications. Expertise spanning discovery, pre-clinical and clinical research, government contracting, project management and emergency preparedness and response (Ebola & other filovirus family members). Experienced navigator of trade secret disputes. Decades delivering plasmid DNA, siRNA, shRNA and antisense oligonucleotides using lipid nanoparticles (LNP) and other nucleic acid delivery systems.

2014 – 2014

Tekmira Pharmaceuticals Corp.

Executive Vice President and Chief Technology Officer
Development of RNA Therapeutics, Management of Contracted Efforts and Medical Countermeasure Division

including TKM-Ebola

2008 – 2014

Executive Vice President and Chief Scientific Officer

Development of siRNA Therapeutics for Cancer, Inflammatory, Metabolic and Infectious Disease.

2000 - 2008

Protiva Biotherapeutics Inc.

Chief Scientific Officer (Co-founder)

Development of Non-Viral Nucleic Acid (Plasmid & siRNA) Therapeutics for Cancer, Inflammatory, Metabolic and Infectious Disease.

1996 – 2000

Inex Pharmaceuticals

Research Scientist and Team Leader

Non-Viral Cancer Gene Therapy, Plasmid Vector Development, Tumor Modeling, Inducible Gene Expression." - Ian MacLachlan, Biotechnology Consultant,

Canada, in , LinkdIn, 26 May 2023.

Gates Foundation Time Line on Funding Moderna

2015

"Today's announcement, which will put $120 Million into the tiny company's bank account – enough to keep it running for a projected 3 years.

The lead investor is a newly created firm called bng0, a select group of family offices led by Boris Nikolic, who was previously a science advisor to Bill Gates.

Both Editas and **Gates' office confirm that the Microsoft billionaire, who is the world's richest man, is among the bng0 backers."** - in "Bill Gates And 13 Other Investors Pour $120 Million Into Revolutionary Gene-Editing Startup", Forbes, 10 August 2015.

2016

It is important to be aware that Moderna was going towards bankruptcy in 2016, and was "saved" by the Gates Foundation with a $20 Million Grant in 2016.

2017

"The Gates Foundation has pledged to give Moderna Therapeutics up to $100 Million to develop mRNA-based vaccines for infectious diseases." - in "Bill and Melinda Gates are placing bets on this biotech in the race to develop a Zika vaccine", CNBC, 19 May 2017.

Moderna & Gates Foundation to Development of HIV mRNA Antibody Vaccines

"Moderna Therapeutics, a pioneer in the development of messenger RNA (mRNA) Therapeutics™, today announced a partnership with the Bill & Melinda Gates Foundation to advance the development of a novel, affordable combination of mRNA-based antibody therapeutics to help prevent human immunodeficiency virus (HIV) infection.

The development efforts will be led by Valera, Moderna's infectious disease-focused venture.

The Gates Foundation has committed up to $20 million in grant funding to support Moderna's evaluation of the antibody combination in a preclinical setting as well as the conduct of a first-in-human Phase 1 clinical study.

Through an agreement between the two organizations, there may be potential for follow-on projects of up to $100 Million total (including the HIV antibody project) to support the development of additional mRNA-based projects for various infectious diseases." - in "Moderna", 12 January 2016.

Increasing Risk With Increasing Number Of Vaccine Doses

"Results: The Estimated Vaccine Effectiveness was 29%, 20%, and 4%, during the BA.4/5-, BQ-, and XBB-dominant phases, respectively.

The risk of Covid-19 also increased with time since the most recent prior Covid-19 episode, and with the number of Vaccine Doses Previously Received.

We still have a lot to learn about protection from Covid-19 Vaccination, and in addition to Vaccine effectiveness, it is important to examine whether **multiple Vaccine doses given over time may not be having the beneficial effect that is generally assumed.**

In conclusion, **this study found an overall modest protective effect of the Bivalent Vaccine against Covid-19** while the circulating strains were represented in the Vaccine and lower protection when the circulating strains were no longer represented.

A significant protective effect was not found when the XBB lineages were dominant.

The unexpected finding of Increasing Risk With Increasing Number of Prior Covid-19 Vaccine Doses." - in "Effectiveness of the Coronavirus Disease 2019 Bivalent Vaccine", Open Forum Infectious Diseases, June 2023.

"Thousands are annually slaughtered in the quiet sick-room. Governments should at once either banish Medical men, and proscribe their blundering art, or they should adopt some better means to protect the lives of the people than at present prevail, when they look far less after the practice of this dangerous profession, and the murders committed in it, than after the lowest trades." *- Dr Frank, eminent European author and practitioner in "Vigilance is the Price of Liberty", Warragul Guardian and Buln Buln and Narracan Shire Advocate, 12 March 1889.*

"There is scarcely a more dishonest trade imaginable than Medicine. The monarch, who would entirely interdict the practice of Medicine would deserve to be placed by the side of the most illustrious characters who have ever conferred benefits on mankind. *- Dr Forth, in "Vigilance is the Price of Liberty", Warragul Guardian and Buln Buln and Narracan Shire Advocate, 12 March 1889.*

"The portion of Serious Adverse Events that were not lethal (class F, G, and H) were roughly 10- to 20- fold larger than the portion of lethal PAEs.

This leads to a rough estimate of 2 to 4 Million serious, Preventable Adverse Events (PAEs) per year, that would be discoverable in Medical Records using the Global Trigger Tool approach.

Premature deaths as a result of Medical errors may occur many years after the hospital stay.

In a study that broke past the wall of silence about **discovery of Medical errors that were missing from Medical records, Weissman and colleagues found that 6 to 12 months after their discharge, patients could recall 3 times as many serious, preventable adverse events as were reflected in their Medical records.**

The predischarge serious PAEs included the following:

Adverse Drug Events, Nerve or Vessel Injury, Wrong Operation, Deep Venous Thrombosis, Hospital Acquired Infection, Postoperative Respiratory Distress.

The serious PAEs postdischarge included the following:

Wound Infection, **Deep Venous Thrombosis, Operative Wound Dehiscence, Operative Organ Injury.**

It is reasonable to suspect that clear evidence of such unreported Medical errors often did not find their way into the Medical records of the patients who were harmed." - Dr John T. James, PhD, Chief Toxicologist for the National Aeronautics & Space Administration, in "A New, Evidence-based Estimate of Patient Harms Associated with Hospital Care", Journal of Patient Safety, September 2013.

The Theft of the Public Purse, By the Instigation From the Pharmaceutical Industry Convincing Governments of the Need to Create Bureaucratic Bodies to be Influenced and Indirectly Controlled by the Pharmaceutical Industry.

> ***"The ones that you absolutely are not going to convince, you need to put some pressure on".*** *- Dr Anthony Fauci, MD, in Lasker Lessons in Leadership", International Biomedical Research Alliance, 12 March 2019.*

Biomedical Advanced Research and Development Authority (BARDA)

"Within the Administration for Strategic Preparedness and Response (ASPR), the Biomedical Advanced Research and Development Authority (BARDA) was established and mandated by Congress as the organization within the U.S. Government to catalyze innovation in advanced research and development (R&D), manufacturing, and procurement of Medical Countermeasures (MCMs).

These lifesaving MCMs are needed to protect people during public health emergencies caused by chemical, biological, radiological, and nuclear (CBRN) threats, pandemic influenza, and other emerging infectious diseases (e.g., COVID-19).

BARDA works closely with inter-agency partners through the Public Health Emergency Medical Countermeasures Enterprise (PHEMCE) to ensure a coordinated, whole-of-government approach to MCM preparedness and response.

The BARDA model has proven successful in leveraging public-private partnerships to accelerate development of MCMs that are vital to national health security.

BARDA works closely with its partners to develop innovative MCMs from early research through any U.S. Food and Drug Administration (FDA) or equivalent approval and clinical application.

Over the last 15 years, BARDA has supported over 70 MCMs that have been granted approvals, licensures, and clearances from the FDA.

The COVID-19 pandemic serves as a stark reminder of the need to protect individuals during public health emergencies. BARDA was critical in the development, manufacturing, and procurement of MCMs that saved countless lives during the pandemic.

BARDA leveraged existing Other Transaction Agreements (OTA) as a flexible mechanism to invest in a portfolio of products that evolved as needs changed. Additionally, throughout the COVID-19 response, BARDA partnered closely with the Department of Defense (DoD) to leverage their existing OT consortium to support critical contract awards and to enter into efficient and prudent partnerships that provided round-the-clock support to enable a timely response.

Objective of the RRPV Consortium

BARDA seeks to establish a partnership with a Consortium Management Firm (CMF) using BARDA's Other Transaction Authority (OTA) where the CMF will facilitate the establishment and administration of BARDA's new RRPV.

Following establishment of a consortium, the CMF will solicit proposals via Request for Project Proposals (RPPs) on BARDA's behalf from Consortium Members for individual requirements.

BARDA will evaluate RPP responses and authorize the CMF to issue Project Agreements with Consortium Members for research projects.

BARDA's RRPV will be a multiple-purpose acquisition vehicle designed to facilitate research and development of future MCM products, from early-stage development, through advanced development, procurement, sustainment, and commercialization, including manufacturing infrastructure development.

The RRPV complements BARDA's existing partnership vehicles (e.g., Broad Agency Announcement [BAA], EZ-BAA) by expanding the mechanisms through which BARDA will partner with product developers prior to and during a pandemic response.

This consortium is designed to advance health security, enhance preparedness, and enable a rapid response to the next pandemic or public health emergency, with the ability to leverage all types of OTs authorized for BARDA's use.

BARDA is seeking a CMF capable of assembling, overseeing, and coordinating a consortium of innovators and developers to accelerate MCM product and technology development, regulatory approval, procurement, commercialization, and sustainment to address the varying needs of BARDA to include but not limited to pandemic influenza, emerging infectious diseases, and other biological threats.

The new vehicle is designed and will be leveraged to support future BARDA acquisitions, as BARDA implements new programs in alignment with National (e.g., National Biodefense Strategy, American Pandemic Preparedness Plan [APPP]) and HHS strategies (e.g., ASPR Strategic Plan for 2022-2026).

USG Requirements Driving the Network Design

The American Pandemic Preparedness Plan and the National Biodefense Strategy established bold initiatives needed to transform U.S. capabilities to respond rapidly and effectively to any future pandemic or high consequence biological threat.

Consistent with those initiatives and to meet the aggressive USG timelines, BARDA requires a system capable of making awards within 60 calendar days during times of "steady state" (i.e., standard operations) and in as little as 5 calendar days [from requirement release to award] when required by programmatic needs.

BARDA's Roles and Responsibilities

BARDA will maintain sole responsibility for all Inherently Governmental Functions. Inherently Governmental Functions are activities that require either the exercise of discretion in applying Government authority, or the making of value judgments in making decisions for the Government, to include all Governmental monetary transactions.

Cost/Price Proposal

For estimation purposes, Respondents should assume that an average of 5 new awards would be executed annually for a period of 10 years, each including $25 Million of obligation each year, including anticipated structures to include fixed price, expenditure based, and milestone-based awards." - in "Biomedical Advanced Research and Development Authority (BARDA) Call for Submissions for the Rapid Response Partnership Vehicle (RRPV)", MedicalCountermeasures.gov, DHHS, USA, 7 July 2023.

BARDA Accelerator Network

"BARDA is actively seeking proposals for the BARDA Acceleration Network 2.0!

The Accelerator Network connects BARDA to thirteen accelerators across the U.S. in regions where there is heavy activity in developing Health Security Products and Technologies in Biotechnology, life science research, and medical innovations.

The network supports early-stage companies throughout their journey – from identifying a need to product launch – to help them overcome their biggest business, marketing, and operational hurdles, and achieve success sooner.

These partnerships provide BARDA with critical insights and direct connections to our nation's innovators, through which the development of groundbreaking technology to improve our nation's Health Security would not be possible.

If you are interested in working with us, please contact us below contact us." - in "DRIVe (Division of Research, Innovation, and Ventures) established by the Biomedical Advanced Research and Development Authority (BARDA), part of the Administration for Strategic Preparedness and Response (ASPR), within the United States Department of Health and Human Services (HHS)", 28 July 2023.

Gary L. Disbrow

"Gary L. Disbrow, PhD, Deputy Assistant Secretary, Director, Biomedical Advanced Research and Development Authority (BARDA), HHS Administration for Strategic Preparedness and Response (ASPR), in the U.S. Department of Health and Human Services.

BARDA invests in the innovation, advanced research and development, acquisition, and manufacturing of medical countermeasures – vaccines, drugs, therapeutics, diagnostic tools, and non-pharmaceutical products needed to combat health security threats.

BARDA has established hundreds of public-private sector partnerships and as of November 2020, BARDA now has a portfolio of 56 products that have earned FDA regulatory approvals, licensures or clearances.

In October 2013, Dr. Disbrow was named Acting Director of the Chemical, Biological, Radiological and Nuclear (CBRN) Division and was subsequently named the Director of the Division in December of 2014.

During that time, the CBRN Division built a robust pipeline of candidate products under advanced research and development.

In 2014 and 2015, Dr Disbrow was identified as the Ebola Incident Coordinator for BARDA and worked closely with the BARDA Director on funding needs, development of candidate products, and was the primary liaison for BARDA across the Public Health Emergency Medical Countermeasures Enterprise (PHEMCE). These efforts led to the first licensed Ebola vaccine, ERBEVO licensed in December 2019 and Ebanga licensed in December 2020.

Upon joining BARDA in January 2007, Dr. Disbrow began working on the smallpox Vaccine program.

Dr. Disbrow played a key role in awarding the first contract under Project BioShield using the authorities for advanced payment and milestone payments provided under the Pandemic and All-Hazards Preparedness Act (2006).

JYNNEOS was licensed in September 2019.

Prior to joining BARDA, Dr Disbrow was an Assistant Professor of Oncology and Pathology at Georgetown Medical Center where he worked on human papillomavirus (HPV) Vaccines and therapeutics.

Dr Disbrow has previously worked at W.R. Grace, Kodak, and Genecor." - in "Leadership Biographies", BARDA, 12 January 2023.

"BARDA was established in 2006 to support the development of Vaccines, therapeutics, diagnostics and innovative technologies that can be used when a public health emergency occurs.

The 2022 BARDA strategic plan builds on what we have learned and accomplished over the last 15 years.

This 5-year plan sets forth how we will continue to work with our private sector and government partners to further secure the nation against a wide range of threats to our national health security.

The BARDA model has proven successful in leveraging public private partnerships to accelerate development of medical countermeasures that are vital to national security.

BARDA helps its partners from advanced research and development to FDA licensure and clinical use.

During the next 5 years, BARDA has 4 strategic goals:

1. Rapidly developed safe, effective medical countermeasures accessible to all Americans;
2. Maintain a sustainable mission-ready response posture;
3. Leverage mechanisms to foster flexible partnerships;
4. Build and support a world class workforce.

Our mission ready posture to deliver life saving medical countermeasures quickly, in an emergency requires enhancing our workforce of highly skilled professionals who can support our unique public health mission.

Since its inception, BARDA has supported over 60 FDA approvals, licensures or clearances of products that increase domestic and global preparedness.

Among these are Vaccines, Diagnostic Tests and Therapeutics used to protect individuals during public health emergencies such as Zika, the Ebola outbreaks in West Africa and the COVID 19 pandemic.

We are excited to release our 5-year strategic plan and look forward to working together with our interagency and private sector partners, our stakeholders and our workforce continuing to fortify the nation's Health Security over the next 5 years and beyond." - Gary Disbrow, PhD, BARDA Director HHS Preparedness and Response, in "Members of BARDA – the Biomedical Advanced Research and Development Authority – share insights into various aspects of the 2022 BARDA Strategic Plan", BARDA, 1 June 2022.

BARDA Creation & Legislative History

"BARDA was created and authorized by Title IV Sec 401 of the Pandemic and All-Hazards Preparedness Act (PAHPA) of 2006.

PAHPA amended the Public Health Service Act by the addition of section 319L to that law.

PAHPA provided new authorities for a number of programs to counter CBRN as well as Epidemic, Pandemic and Emerging Disease Threats, established the position of Assistant Secretary for Preparedness and Response (ASPR) as well as BARDA reporting to the ASPR, and built on Project BioShield, previously created in 2004.

PAHPA reauthorized the Public Health Security and Bioterrorism Preparedness and Response Act of 2002, following the 2001 Anthrax Attacks ensuing the 11 September 2001 terrorist attacks on the United States.

BARDA was reauthorized by the Pandemic and All-Hazards Preparedness Reauthorization Act of 2013 (PAHPRA) and again in the Pandemic and All-Hazards Preparedness and Advancing Innovation Act of 2019 (PAHPAI)." - in "Wikipedia", 28 July 2023.

Anthrax Attacks 2001

"The 2001 anthrax attacks, occurred in the United States over the course of several weeks beginning on 18 September 2001.

Letters containing anthrax spores were mailed to several news media offices and to Senators Tom Daschle and Patrick Leahy, killing five people and infecting 17 others.

According to the FBI, the ensuing investigation became "one of the largest and most complex in the history of law enforcement."

Federal prosecutors declared Bruce Edwards Ivins (who worked for 18 years at the government's Biodefence labs at Fort Detrick, and was a top Biodefence researcher), the sole perpetrator on 6 August 2008, based on DNA evidence leading to an anthrax vial in his lab.

The Anthrax Attacks, spurred significant increases in U.S. government funding for Biological Warfare Research and Preparedness.

For example, biowarfare-related funding at the National Institute of Allergy and Infectious Diseases (NIAID) increased by $1.5 Billion in 2003.

In 2004, Congress passed the Project Bioshield Act, which provides $5.6 Billion over 10 years for the purchase of new Vaccines and drugs.

These included the monoclonal antibody raxibacumab, which treats anthrax as well as an Anthrax Vaccine Adsorbed, both of which are stockpiled by the US government.

Ciprofloxacin manufacturer Bayer agreed to provide the United States with 100,000 doses.

The Canadian Government had previously overridden

the Bayer patent, and the US was threatening the same measure if Bayer did not agree to negotiate the price.

Shortly afterward, it was recommended that doxycycline was a more appropriate drug to treat anthrax exposure.

A widened use of the broad-spectrum antibiotic ciprofloxacin had also raised serious concerns amongst scientists about the creation and increased spread of drug-resistant bacteria strains. Numerous corporations offered to supply drugs for free, contingent on the Food and Drug Administration approving their products for anthrax treatment. They included Bristol Myers Squibb (gatifloxacin), Johnson and Johnson (levofloxacin) and GlaxoSmithKline (2 drugs). Eli Lilly and Pfizer also offered to provide drugs at cost." - in "Wikipedia", 28 July 2023.

"COVID-19 Accomplishments.

The COVID-19 pandemic represents one of the greatest threats to public health the world has faced in more than 100 years. Public-private partnerships to develop and produce MCMs have been critical in responding to the pandemic.

BARDA has and continues to play a critical role in the COVID-19 response. BARDA has coordinated activities closely within the Department of Health and Human Services (HHS) and Department of Defense (DoD) agencies to ensure a whole-of-government approach.

BARDA's Rapid Response to the COVID-19 Pandemic Laid Foundations for Successes." - in "BARDA Strategic Plan for 2022-2026", May 2022.

BARDA Has Agreed to Donate Up To $483 Million To Moderna

"The US Biomedical Advanced Research and Development Authority (BARDA) will Fund Moderna's COVID-19 Vaccine candidate mRNA-1273 through Phase II and III clinical trials to FDA licensure.

Biotech company, Moderna Inc., has announced that the US Biomedical Advanced Research and Development Authority (BARDA) has agreed to Donate up to $483 Million to the company to accelerate the development of its mRNA Vaccine candidate, mRNA-1273, against the SARS-CoV-2 coronavirus causing the COVID-19 pandemic." - in "BARDA to give Moderna up to $483 Million for COVID-19 Vaccine Development", European Pharmaceutical Review, 21 April 2020.

Chapter 10

The Criminal Act: 42 U.S.C. 300aa-11

This chapter contains some articles, published on the Book "Medical Trade Exposed", 2023.

Vaccine Liability Threatens Supplies - 1984

"The nation's M**ajor Drug Companies,** some stung by large liability costs, **have been dropping out of Vaccine production for years and the trend is continuing.**

The latest dropout was Wyeth Laboratories, which announced 13 June that it had ceased production of a Vaccine used to immunize children against whooping cough after more than 30 years of producing it.

The company cited "dramatic increases in the cost of participating in this market", **chiefly due to liability insurance and the costs of litigation.**

The whooping cough Vaccine has the most serious side effects of any of the Vaccines now administered to virtually all children in the country under state or Federal laws." - in "Vaccine Liability Threatens Supplies", The New York Times, 26 June 1984.

"President Reagan today signed a comprehensive health bill designed to promote exports of prescription drugs and to compensate **children injured by Vaccines.**

Reagan said this part of the new law **"Will increase the competitiveness of the American Pharmaceutical Industry abroad, create jobs, foster Biotechnology."**

"Substantial deficiencies" in the Vaccine plan, under which injured people could obtain payments from the Government **without proving fault or wrongdoing by the Vaccine manufacturer or anyone else.**

The program would be "administered not by the executive branch, but by the Federal judiciary", calling it an **"unprecedented arrangement" that was inconsistent with the constitutional requirement for separation of powers among the branches of the Federal Government."** - in "Reagan Signs Bill on Drug Exports and Payment for Vaccine Injuries", The New York Times, 15 November 1986.

> ***"The remaining manufacturer [of DTP] estimated that its potential tort liability exceeded its annual sales by a factor of 200".*** *- Bruesewitz v. Wyeth, 562 U.S. 223*

> ***By 1986, "litigation costs associated with claims of damage from Vaccines had forced several companies to end their Vaccine research and development programs as well as to stop producing already licensed Vaccines."*** *- Institute of Medicine, Adverse Events Associated with Childhood Vaccines: Evidence Bearing on Causality, at 2 (1994).*

The Pharmaceutical Industry Full Immunity on Vaccines - 1986

"No person may bring a civil action for damages... against a Vaccine administrator or manufacturer... for damages arising from a Vaccine-related injury or death associated with the administration of a Vaccine." *- 42 U.S.C. 300aa-11*

"We hold that the National Childhood Vaccine Injury Act pre-empts all design-defect claims against Vaccine manufacturers brought by plaintiffs who seek compensation for injury or death caused by a vaccine side effects." *- Bruesewitz v. Wyeth, 562 U.S. 223*

The Fabulous Business of Pharmaceutical Vaccines Guaranteed Market & No Liability

7 Vaccines In 1986

In 1986 there where 7 shots in the Vaccine Schedule of the CDC.

84 Vaccines In 2024

In 2024 there are 84 shots in the Vaccine Schedule of the CDC.

- Source: "Vaccine Schedule", CDC, 11 July 2024.

84 Children Vaccines In 2024

"Leading up to 1986 there were only 3 Routine Vaccines in the United States totalling 7 Injections on the CDC Schedule, 3 Routine, 7 total Injections.

There are currently in 2024, 19 Vaccines on the CDC Schedule totalling 84 Injections, if you count Covid Vaccine, now given annually.

Leading up to 1986 the amount of liability from those 3 products which were DTP, OPV and MMR were so great that every Manufacturer went out of Business or stopped making them.

So there's only one Manufacturer left.

Congress decided instead of forcing what Companies always have to do, make a better safer product, instead it passed the "National Childhood Vaccine Injury Act" that said:

> ***"You can keep selling your product even though it causes harm, you don't need to make a better and safe product."***

But the original sin wasn't just that. It was that it also gave the immunity for any product going forward.

The differential, I think, that is caused and how Clinical Trials are conducted, how Regulatory Agencies treat these these products, they really view themselves as partners of manufacturers." - Aaron Siri, Attorney, in Hearing "Follow the Science? Oversight of the Biden COVID-19 Administrative State Response", House Judiciary Committee GOP, 26 June 2024.

Conflicts Of Interest In Vaccine Policy Making - 2000

"In August 1999, the Committee on Government Reform initiated an investigation into Federal Vaccine Policy.

Focused on possible conflicts of interest on the part of Federal policy-makers.

Committee staff has conducted an extensive review of financial disclosure forms and related documents, and interviewed key officials from the Department of Health and Human Services (HHS), including the Food and Drug Administration (FDA), and the Centers for Disease Control and Prevention (CDC).

This report focuses on 2 influential advisory committees utilized by Federal regulators to provide expert advice on Vaccine Policy:

1. The FDA Vaccines and Related Biological Products Advisory Committee (VRBPAC);
2. The CDC Advisory Committee on Immunizations Practices (ACIP).

Specific problems identified in this report:

1. The CDC routinely grants waivers from conflict of interest rules to every member of its advisory committee.

2. CDC Advisory Committee members who are not allowed to vote on certain recommendations due to financial conflicts of interest are allowed to participate in committee deliberations and advocate specific positions.

3. The Chairman of the CDC's advisory committee until recently owned 600 shares of stock in Merck, a pharmaceutical company with an active Vaccine division.

4. Members of the CDC's advisory committee often fill out incomplete financial disclosure statements, and are not required to provide the missing information by CDC ethics officials.

5. 4 out of 8 CDC advisory committee members who voted to approve guidelines for the rotavirus Vaccine in June 1998, had financial ties to Pharmaceutical Companies that were developing different versions of the Vaccine.

6. 3 out of 5 FDA advisory committee members who voted to approve the rotavirus Vaccine in December 1997, had financial ties to Pharmaceutical Companies that were developing different versions of the Vaccine.

This Report examines the deliberations of the 2 committees on one specific Vaccine - the Rotavirus Vaccine.

Approved for use by the FDA on 31 August 1998, **the Rotavirus Vaccine was pulled from the market 13 months later after Serious Adverse Reactions** to the Vaccine emerged. **Financial disclosure forms and waivers granted to committee members who participated in these meetings were analyzed, along with their votes and actions taken during the meetings.**

Severe Bowel Obstructions Tied to "RotaShield" Vaccine

A little more than 1 year after the "RotaShield" rotavirus vaccine was licensed by the Food and Drug Administration (FDA), as a "Safe and effective" Vaccine, it was removed from the market due to Adverse Events.

More than 100 cases of Severe Bowel Obstruction, or Intussusception, were reported in children who had received the Vaccine.

As of 15 October 1999, 102 cases of intussusception, 57 had received the Vaccine.

Of these, 29 required surgery, 7 underwent bowel resection, and one 5 month old infant, died after developing Intussusception, 5 days after receipt of the Vaccine.

A case study was conducted that estimated that the risk of **Intussusception was increased by 60% among children who received the "RotaShield" Vaccine.**

It is alarming that it was known **during clinical trials and the licensing process that there were increased incidences of intussusception in Vaccinated infants.**

The CDC continues to provide inconsistent information on their web site.

The fact sheet **significantly plays down the seriousness of the Adverse Event** and asserts that no association has been made.

The "RotaShield" Rotavirus Vaccine was removed from the U.S. market in October 1999.

The Government Reform Committee=s investigation of the VRBPAC's "RotaShield" vaccine approval meeting raised several concerns:

1. Unanimous vote despite concerns raised:

At the VRBPAC meeting, several members raised concerns about Adverse Effects that occurred at the rotavirus clinical trials.

These included: **Intussusception, Infants failure to thrive, Febrile reactions, among others.**

2. Conflicts of interest of VRBPAC members:

4 out of 5 members had conflicts of interest that necessitated waivers.

Perhaps one of the major problems contributing to the overall influence of the Pharmaceutical Industry over the Vaccine approval and recommendation process may be the loose standards that are used by the agency in determining whether a conflict actually exists.

In many cases, significant conflicts of interest are not deemed to be conflicts at all.

4. Conflicts of interest of consultants:

At least 3 consultants participated in the discussion of the "RotaShield" Vaccine on 12 December 1997.

They were:

Dr Neal Halsey: Has been one of the leading investigators and advocates in the area of Vaccines.

In addition to numerous grants and contracts from different vaccine manufacturers, Dr Halsey has received frequent reimbursements for travel expenses and honoraria from companies such as Merck.

Importantly, at the time of the "RotaShield" approval meeting, Dr Halsey was seeking start-up funds from most of the vaccine manufacturers for the establishment of an institute for vaccine safety at Johns Hopkins University, where he works.

He has already received $50,000 from Merck and was awaiting funds from Wyeth Lederle.

Dr Halsey also participated in the rotavirus working group of the ACIP.

Also, Dr Halsey was the Chair of the Committee on Infectious Diseases and representative of the American Academy of Pediatrics which, in conjunction with the CDC, sets and advertises the recommendations for schedules and dosages of immunizations.

Dr Halsey was granted a waiver by the FDA for participation in the VRBPAC.

He participated during the morning session and then recused himself at the beginning of the afternoon session due to conflicts that were not disclosed in the minutes of the meeting. Finally, Dr Halsey's employer, Johns Hopkins University, is also the employer of Dr Clements-Mann, who was excluded from the discussions.

Dr John Modlin: At the time of the "RotaShield" approval meeting, Dr Modlin owned approximately $26,000 of stock in Merck, an affected company.

He has also served on Merck's Immunization Advisory Board from 1996 to the present.

These financial interests were waived and he was allowed to participate extensively in the meeting although, as a consultant, he was not allowed to vote.

Also, Dr Modlin was at the time the Chairman of the ACIP and its rotavirus working group.

6. Recurrent membership:

A troubling pattern is the recurrence of members, temporary voting members and consultants, year after year, despite term limits, which greatly limits the diversity of opinion that is sought in this type of committee.

After reviewing the VRBPAC rosters of members and consultants for the past few years, it becomes apparent that many of the members have frequently participated in committee proceedings for many years.

Also, it is evident that there are a significant number of people who frequently participate in proceedings at both the FDA and the CDC, despite a policy that prohibits the simultaneous participation of members in more than one advisory committee within the agency.

In this particular meeting, at least 4 of the members (Dr Broome, Dr Snider, Dr Modlin, and Dr Halsey) were intrinsically involved in the development of recommendations for the CDC.

In other words, these persons influence the process of vaccine approval and recommendation.

Dr Halsey also chaired the American Academy of Pediatrics committee, which helps set and advertise the schedule and dosage of recommended Vaccines.

7. Timing of the Proceedings:

A particularly troubling aspect of the deliberations on the "RotaShield" Vaccine is the sequence of events.

The ACIP Committee voted to recommend universal vaccinations of infants before the FDA licensure of the vaccine.

C. Problems Identified During the Committee's Investigation:

The Committee staff's review of the ACIP's consideration of the rotavirus Vaccine identified serious weaknesses in the CDC's policing of conflicts of interest on this advisory committee.

On 25 June 1998, the ACIP voted to recommend the rotavirus Vaccine for routine use in infants.

In reviewing the minutes of ACIP meetings and the financial disclosure forms of the ACIP members, the Committee staff identified a number of troubling issues:

1. ACIP Members Do Not Fully Disclose Conflicts of Interest:

Examination of ACIP members' financial disclosure forms reveals that many members do not fill them out completely.

2. Every Member of the ACIP is Granted a 208 (B) Waiver for the Entire Year:

The CDC grants blanket waivers to the ACIP members each year that allow them to deliberate on any subject, regardless of their conflicts, for the entire year.

3. ACIP Members are Allowed to Vote on Vaccine Recommendations, Even When They Have Financial Ties to Drug Companies Developing Related or Similar Vaccines.

4. Members Who are Not Allowed to Vote on a Recommendation Due to Financial Conflicts are Allowed to Fully Participate in the Discussion Leading up to a Vote.

CDC conflict-of-interest policies are contrary to those of both the FDA, and that of the National Institutes of Health (NIH).

5. Liaison Representatives Don't have to Disclose Financial Conflicts of Their Organizations:

Liaison representatives to the ACIP are not considered SGEs by the CDC.

In the process of investigating events leading up to the approval of the rotavirus vaccine, the Committee staff has learned that the relationship between liaison members and the ACIP is substantially more formal than described by the CDC.

The Committee staff was able to find that the following organizations represented by the ACIP liaison representatives have ties to numerous Vaccine manufacturers:

a. American Academy of Family Pediatrics:
Abbott Laboratories, American Home Products Corporation, Aventis, Bayer Corporation, bioMerieux, Boehringer Ingelheim Chemicals Co., Bristol-Myers Squibb Company, Eli Lilly and Company, Forest Laboratories, G.D. Searle & Co., Glaxo Wellcome plc, Janssen Pharmaceutica, Lederle Laboratories, Merck & Co., Muro Pharmaceuticals, Novartis, Novo Nordisk A/S, Ortho-McNeil Pharmaceuticals, Otsuka America Pharmaceutical, Inc., Pasteur Merieux Connaught, Pfizer, Inc., Pharmacia, Schering AG, Schwarz Pharma, Inc., SmithKline Beecham, Solvay S.A., Warner-Lambert Company, and Wyeth-Ayerst Laboratories.

b. American Academy of Pediatrics:
Abbott Laboratories, Astra, Merck & Co., Pasteur Merieux Connaught, Pfizer, Inc., and SmithKline Beecham.

c. American College of Obstetricians and Gynecologists:
Berlex Laboratories, Eli Lilly and Company, Novartis, Ortho McNeil Pharmaceutical, Pharmacia, Schering AG, and Wyeth-Ayerst.

d. American Medical Association:
Aventis, Glaxo Wellcome plc, Merck & Co., Pfizer, and Shering AG.

e. Infectious Disease Society of America:
Aventis and Bristol-Myers Squibb Company.

f. Biotechnology Industry Organization:
Merck & Co., Wyeth-Ayerst and many other pharmaceutical companies.

g. Pharmaceutical Research and Manufacturers of America:
Over 100 pharmaceutical companies hold membership, including Merck & Co., Bristol-Myers Squibb, SmithKline Beecham, Wyeth-Ayerst, and American Home Products.

6. The Use of Working Groups is Contrary to the FACA

a. Members of the Rotavirus Working Group of the ACIP:
The ACIP rotavirus work group was responsible for creating the statement recommending universal use of the rotavirus Vaccine.
The working group has 10 members, 7 of whom have identifiable conflicts of interest with Vaccine Manufacturers, or Vaccine interest groups.
The group's meetings were held in private with no minutes or records of the proceedings taken.

Conclusions and Recommendations

It is clear that the VRBPAC and the ACIP are dominated by individuals with close working relationships with the manufacturers of vaccines.
Vaccines that have not been subjected to rigorous scientific testing and review can be dangerous.
The CDC, for reasons that are not clear, did not designate Merck and SmithKline Beecham "affected companies."
The CDC has virtually no standards because all ACIP members automatically receive annual waivers.

There is no evidence that either the FDA or the CDC has attempted to find qualified replacements for conflicted committee members.

When advisory committee members own stock in companies that are affected by their decisions, it leads to a clear perception that their decisions are influenced by their financial interests.

Numerous members of both committees hold stock in Vaccine Manufacturers.

12. ACIP should not consider making a recommendation on a vaccine until it has been licensed by the FDA.

Prior to licensing, a vaccine cannot be construed as safe and effective.

It is therefore inappropriate for the ACIP to make recommendations on a Vaccine which has not completed the approval and licensing process.

The ACIP voted to add the "RotaShield" Vaccine to the Childhood Immunization Schedule prior to licensing.

This should not happen.

Vaccines are the only drugs U.S. citizens are mandated to receive.

While Vaccines are mandated by state governments, the decision of a state government to mandate a Vaccine is based on the recommendations of Federal advisory committees." - in "Conflicts of Interest in Vaccine Policy Making Majority Staff Report", Committee on Government Reform, U.S. House of Representatives, 21 August 2000.

Vaccines & Sudden Infant Death Syndrome - 1984

"Dr William Torch, MD, University of Nevada School of Medicine, Reno, raised the issue before a crowded gathering of experts on the nervous system with his report on the results of a study of 103 cases of Sudden Infant Death Syndrome.

He found that 2/3 of the children had received DPT immunizations in the 3 weeks prior to their deaths.

Many of them died within 1 day after getting a shot.

He maintained that this was not a matter of mere coincidence and concluded that a "causal relationship is suggested", in at least some cases of crib death affecting young infants." - in "Doctors Challenge Evidence -Connecting Crib Death, Shots", The Washington Post, 1 May 1982.

"Parents of 145 SIDS victims, who died in Los Angeles County between 1 January 1979 and 23 August 1980, were contacted and interviewed regarding their child's recent immunization history.

53 had received a DTP immunization.

Of these 27 had received a DTP immunization within 28 days of death.

6 SIDS deaths occurred within 24 hours, and 17 occurred within 1 week of DTP immunization.

These SIDS Deaths were significantly more than expected.

An additional 46 infants had a physician/clinic visit without DTP immunization prior to death.

40 of these infants died within 28 days of this visit, 7 on the 3rd day, and 22 within the first week following the visit.

These deaths were also significantly more than expected." - in "Possible temporal association between diphtheria-tetanus toxoid-pertussis Vaccination and Sudden Infant Death Syndrome", Pediatr. Infect. Dis., Jan-Feb 1983.

"Immunization against pertussis is given along with Vaccines for diphtheria and tetanus in the DPT inoculation.

Although the Vaccine has been used for decades, it is one of the most controversial of immunizations.

Doubts persist about its effectiveness, and many doctors share my concern that the potentially damaging side effects of the Vaccine may outweigh the alleged benefits.

Dr Gordon T. Stewart, MD, Department of Community Medicine, University of Glasgow, Scotland, is one of the most vigorous critics of the pertussis Vaccine.

He says he supported the inoculation before 1974 but then began to observe outbreaks of pertussis in children who had been Vaccinated.

He says, "30% of our whooping cough cases are occurring in vaccinated patients. This leads me to believe that the vaccine is not all that protective."

He shares my view that the key factor in controlling whooping cough is probably not the Vaccine but improvement in the living conditions of potential victims.

As is the case with other infectious diseases, mortality had begun to decline before the Vaccine became available.

The Vaccine was not introduced until about 1936, but mortality from the disease had already been declining steadily since 1900 or earlier.

According to Stewart:

> ***"The decline in pertussis mortality was 80% before the Vaccine was ever used."***

He shares my view that the key factor in controlling whooping cough is probably not the Vaccine but improvement in the living conditions of potential victims.

The common side effects of the pertussis Vaccine, acknowledged by JAMA, are fever, crying bouts, a shock-like state, and local skin effects such as swelling, redness, and pain. **Less frequent but more serious side effects include convulsions and Permanent Brain Damage resulting in mental retardation.**

The Vaccine has also been linked to Sudden Infant Death Syndrome (SIDS).

In 1978-79, during an expansion of the Tennessee childhood immunization program, 8 cases of SIDS were reported immediately following routine DPT immunization.

Yet millions of children are immunized against it with repeated injections at 2, 4, 6, and 18 months, and then given a booster shot when they enter school.

This despite evidence over more than a dozen years from rare outbreaks of the disease, that children who have been immunized fare no better than those who have not.

During a 1969 outbreak of diphtheria in Chicago the City Board of Health reported that: 4 of the 16 victims had been fully immunized against the disease, and 5 others had received 1 or more doses of the Vaccine.

A report on another outbreak in which 3 people died, revealed that 1 of the fatal cases and 14 of 23 carriers had been fully immunized.

The incidence of infectious diseases, does not correlate in any respect with whether a state has legally mandated mass immunization or not.

In view of the rarity of the disease, the effective antibiotic treatment now available, the questionable effectiveness of the Vaccine, the multimillion dollar annual cost of administering it, and the ever-present potential for harmful, long-term effects from this or any other Vaccine.

I consider continued mass immunization against diphtheria indefensible.

Sudden Infant Death Syndrome (SIDS)

The dreadful possibility that they may awaken some morning to find their baby dead in his crib is a fear that lurks in the minds of many parents.

Medical science has yet to pinpoint the cause of SIDS, but the most popular explanation among researchers appears to be that the Central Nervous System is affected so that the involuntary act of breathing is suppressed.

That is a logical explanation, but it leaves unanswered the question: What caused the malfunction in the central nervous system?

My suspicion, which is shared by others in my profession, is that the nearly: 10,000 SIDS Deaths that occur in the United States each year are related to one or more of the Vaccines that are routinely given children.

The pertussis Vaccine is the most likely villain, but it could also be one or more of the others.

Dr William Torch, University of Nevada School of Medicine at Reno, has issued a report suggesting that the DPT shot may be responsible for SIDS cases.

He found that **2/3, of 103 children who died of SIDS, had been immunized with DPT Vaccine, in the 3 weeks before their deaths, many dying within 1 day after getting the shot.**

He asserts that this was not mere coincidence, concluding that a "causal relationship is suggested" in at least some cases of DPT Vaccine and crib death.

Also on record are the Tennessee deaths, referred to earlier.

In that case the manufacturers of the vaccine, following intervention by the U.S. surgeon general, recalled all unused doses of this batch of Vaccine." - Dr Robert S. Mendelsohn, MD, in "The Medical Time Bomb of Immunization Against Disease", East West Journal, November 1984.

"Let's drop this nonsense about crib deaths. We don't think they are crib deaths. We think they are shock like deaths that out of incompetency the Centers for Disease Control (CDC), began to call crib deaths with no proof and the coroners innocently have followed along with this practice." *- Dr Kevin C. Geraghty, MD, in "The Fresno Bee", 3 December 1984.*

"In 1985 twin boys simultaneously succumbed to sudden unexpected deaths 2 to 3 hours after Vaccination with diphtheria, tetanus, and pertussis Vaccine (DTP)." *- in "Vaccination and Cot Deaths in perspective", Archives of Disease in Childhood, 1987.*

Hepatitis B Vaccine, Helping or Hurting Public Health? - 1999

"My daughter Lyla Rose Belkin died on 16 September 1998, at the age of 5 weeks, about 15 hours after receiving her second hepatitis B vaccine booster shot.

Lyla was a lively, alert 5-week-old baby when I last held her in my arms.

Little did I imagine as she gazed intently into my eyes, with all of the innocence and wonder of a newborn child, that she would die that night.

She was never ill before receiving the hepatitis B shot that afternoon.

At her final feeding, she was extremely agitated, noisy and feisty and then she fell asleep suddenly and stopped breathing.

The autopsy ruled out choking.

The New York medical examiner ruled her death Sudden Infant Death Syndrome (SIDS), but in the notes and in the conversations with our pediatrician on the day of the autopsy - this is in the pediatrician's notes - what the coroner said:

"Brain swollen. Not sure cause yet. Could not see how recombinant Vaccine could cause problem."

SIDS is a diagnosis of exclusion.

It means it is not this, it is not that.

A swollen brain is not SIDS. It turns out in the medical literature a **swollen brain, brain inflammation, is one of the most common signs of an adverse reaction to a Vaccine.**

I set out to do an investigation of this Vaccine and adverse reactions, and these are my conclusions and I urge you to read them.

I have some prepared remarks that are far too lengthy to summarize here.

First of all, let's look at the vaccination policy in this country, this Rube Goldberg flowchart that I have.

This committee has oversight over the CDC, which has oversight over the ACIP, the Advisory Committee on Immunization Practices.

This committee sets immunization policy, and I urge you to really concentrate on this. I think there is a conflict between the public interest and the private interest of drug companies and the interest of the bureaucracy that is violating the public interest.

As an oversight committee, I think this is something that you should look into.

This committee sets mandates which go out to the States and go to the children, and some small percentage of children have adverse events which go into this thing called VAERS, Vaccine Adverse Event Reporting System.

From VAERS they go into an empty drawer, and they pile up and go nowhere and nothing is done.

The CDC and the FDA do studies saying we don't see any problem with anything.

First of all, newborn babies are not at risk of getting this disease.

I quote you the risk groups from the CDC hepatitis B disease fact sheet: **"injection drug users, sexually active heterosexuals, homosexual men, infants from disease endemic areas, low socioeconomic levels, sexual household contacts of infected persons, infants born to infected mothers, healthcare workers, chemodialysis patients."**

Not newborn babies.

Then why do you say are newborn babies infected with hepatitis B?

The Vaccine is the first thing that they get in the first 24 to 48 hours of their lives in the hospital.

In the VAERS reports in 1996, there is more than 1,000 adverse reaction reports, and there are 47 deaths of these reports.

The CDC has been experimenting on babies like guinea pigs, and this committee should suspend that universal at-birth immunization policy." - Michael Belkin, in "Hepatitis B Vaccine: Helping or Hurting Public Health?", Hearing, before the Subcommittee on Criminal Justice Drug Policy and Human Resources of the Government Reform, House of Representatives, 160 Congress, First Session, 18 May 1999.

"The National Vaccine Information Center has received hundreds of reports of injuries and deaths following hepatitis B Vaccination.

There is a clear pattern to hepatitis B Vaccine reaction symptoms, just as there was a clear pattern associated with the DPT Vaccine reactions, but unlike DPT Vaccine where most symptoms usually occur within a few days of Vaccination, hepatitis B Vaccine reaction symptoms can take many days or weeks to develop and include Fevers that come and go, open Skin Lesions and Rashes, Severe Joint Pain and Head Pain, Loss of Vision, Muscle Strength and Memory and Crushing, Debilitating Fatigue which leads to Chronic Disability.

We have had reports of liver cancer developing in small children following hepatitis B vaccinations.

There are families with 2 or 3 members who have become disabled after hepatitis B shots.

Tragically, for newborns and babies under 2 months of age, a hepatitis B Vaccine reaction can end in death.

When parents look to the medical literature for answers, they find few studies looking into hepatitis B Vaccine reaction reports.

None deal with newborns.

Most of the studies look at Vaccine Efficacy, not Vaccine Safety.

A 1994 study by the Institute of Medicine, mandated by Congress under the National Childhood Vaccine Injury

Act, found that there have been no large controlled observational studies or clinical trials investigating clinical reports of arthritis, Guillain-Barre Syndrome, Transverse Myelitis, Optic Neuritis, Multiple Sclerosis, and other Central Demyelinating Disease or Sudden Infant Death Syndrome (SIDS) after hepatitis B Vaccination.

What, then, will be the scientific criteria used to either award or deny children compensation for their hepatitis B Vaccine-associated injuries under the Federal Vaccine Injury Compensation Program?

Serious questions remain about the quantity and quality of the scientific evidence used by Federal health agencies to license this Vaccine for use in children, and in 1991, to recommend that all newborns receive their first dose just 12 hours after they take their first breath." - Thelma Thiel, CEO, Hepatitis Foundation International, in "Hepatitis B Vaccine: Helping or Hurting Public Health?", Hearing, before the Subcommittee on Criminal Justice Drug Policy and Human Resources of the Government Reform, House of Representatives, 160 Congress, First Session, 18 May 1999.

Deaths Immediately Following Vaccination - 2017

"Among the infants, there was a clustering of deaths immediately following Vaccination, with 42 deaths taking place in the first 3 days after Vaccination, and only 8 in the next 3 days.

Among those below one year of age, 54 deaths (93%), occurred in the first 10 days, and 4 (7%), in the next 10 days.

Had the deaths been "coincidental SIDS deaths", this disparity in the number of deaths in the two time periods would not have been observed.

SIDS deaths would have been spread uniformly over the 20-day period.

The fact that the rate of death decreases rapidly with the passage of time following immunisation suggests that the deaths could be related to Vaccination.

Similarly, among children older than 1 year, 5 deaths (83.3%), occurred in the first 10 days and 1 death (17%), occurred in the next 10 days." - Dr Jacob Puliyel, MD, in "Infanrix hexa and Sudden Death: A Review of the periodic safety update reports submitted to the European Medicines Agency", Indian Journal of Medical Ethics, September 2017.

The Increased Risk of Sudden Death After Vaccination - 2021

"There is considerable evidence that a subset of infants has an increased risk of sudden death after receiving Vaccines, Health Authorities eliminated "prophylactic Vaccination" as an official cause of death.

So, medical examiners are compelled to misclassify and conceal Vaccine-related fatalities under alternate cause-of-death classifications. In this paper, the Vaccine Adverse Event Reporting System (VAERS) database was analyzed to ascertain the onset interval of infant deaths post-Vaccination.

Of 2,605 infant deaths reported to VAERS from 1990 through 2019, 58% clustered within 3 days post-Vaccination and 78.3% occurred within 7 days post-Vaccination, confirming that Infant Deaths tend to occur in temporal proximity to Vaccine administration.

A review of the medical literature substantiates a link between Vaccines and Sudden Unexplained Infant Deaths.

The pathogenic mechanism behind these fatal events have been proposed, including the role of inflammatory cytokines as neuromodulators in the infant medulla preceding an abnormal response to the accumulation of carbon dioxide; fatal disorganization of respiratory control induced by adjuvants that cross the blood-brain barrier; and biochemical or synergistic toxicity due to multiple Vaccines administered concurrently.

This study found that a substantial proportion of infant deaths and SIDS cases occurred in temporal proximity to Vaccine administration.

The excess of deaths during these early post-Vaccination periods was statistically significant.

When Vaccine-related deaths are hidden within the death tables, it is difficult to monitor and prevent these deaths.

In addition, parents are denied the ability to ascertain honest vaccine risk-to-benefit ratios and true informed consent to Vaccination is not possible." - in "Vaccines and sudden infant death: An analysis of the VAERS database 1990–2019 and review of the medical literature", Toxicology Reports, 2021.

Covid-19 Vaccine Followed by SIDS - 2023

"I looked in my survey there were 7 cases.

2 the reporter didn't remember.

Leaving 5 cases.

3 of the 5, were within 1 week of a shot (Covid-19 Vaccine).

1 of the cases of SIDS, was immediately after the shot (Covid-19 Vaccine).

So, data is consistent, with the bulk happening right after the shot (Covid-19 Vaccine), 60% in the 1st week after the shot (Covid-19 Vaccine) in this case." - Steve Kirsch, Vaccine Safety Research Foundation, in "Twitter", 22 May 2023.

Vaccines in First 6 Months of Life (3x Each)		
VACCINE	**SAFETY FOLLOW UP**	**CONTROL USED**
Hep-B (Merck)	5 days	None
IPV (Sanofi)	3 days	None
Hib (Merck)	3 days	Hib
DTaP (GSK)	28 days	DTP
Prevnar13 (Pfizer)	6 months	Prevnar

Vaccine-Mediated Strain Replacement

"The overall estimated population risk of invasive H. influenzae infection, based on specimen submissions to the PHL-T was ***not significantly lower after the institution of the infant conjugate Vaccine than before."*** *- in "Changing epidemiology of invasive Haemophilus influenzae in Ontario, Canada: Evidence for herd effects and strain replacement due to Hib Vaccination", Vaccine, 28 May 2010.*

In the body there is that which is called the Microbiome, this is a community of bacteria that live in each body. These bacteria live alongside one and each other, when a certain type is destroyed, another type will replace it, in the body.

"Protection against H. influenzae is limited to serotype b, and the possibility exists that another disease, caused by other H. influenzae strains against which Vaccines offer no protection, may replace Hib.

In fact, already in 1997, Marc Lipsitch anticipated the possibility of strain replacement with the introduction of the Hib Vaccine. The significance of strain replacement remains controversial: some clinical studies highlight its potential danger; others fail to observe it altogether.

Besides the introduction of the Hib Vaccination, introduction of the PCV has also been proposed as contributing to H. influenzae strain replacement.

Multiple studies show substantial increases in NTHi nasopharyngeal colonization and in percentage of OM cases caused by NTHi in PCV-Vaccinated persons (18–20).

This increased nasopharyngeal carriage of NTHi in PCV-Vaccinated children might increase transmission to groups susceptible to invasive NTHi disease, such as the elderly, and might thereby contribute to the emergence of

invasive NTHi disease.

Strain replacement during colonization of persons >65 years of age appears to lack investigation, possibly because of the relatively low percentage of nasopharyngeal carriage in this age group. However, NTHi carriage rates in parents of PCV-Vaccinated children increased from 23% prevaccination to 40% postvaccination, indicating that carriage of NTHi has increased in healthy adults, possibly because of increased transmission from PCV-Vaccinated children. Increased NTHi carriage might contribute to the increased number of invasive NTHi disease cases recorded during the past 20 years." - in "Invasive Disease Caused by Nontypeable Haemophilus influenzae", Emerg. Infect. Dis., October 2015.

"These studies indicated that a significant proportion of colonizing pneumococcal isolates are NESp, and this rate could be higher in Vaccinated individuals, as increases in nonencapsulated Streptococcus pneumoniae (NESp) levels have been observed following the introduction of the Pneumococcal Conjugate Vaccines. Therefore, both sorts of NESp may be poised to increase in prevalence in the wake of Pneumococcal Conjugate Vaccines." *- in "Nonencapsulated Streptococcus pneumoniae: Emergence and Pathogenesis", mBio, March 2016.*

Vaccines Are Not Free From Side Effects, or Adverse Effects

"Vaccine Side Effects have always been reported but in the latest years it seems that they have increased in number and seriousness, particularly in children as the American Academy of pediatrics reports. For instance, the diphtheria-tetanus-pertussis (DTaP) vaccine was linked to cases of Sudden Infant Death Syndrome (SIDS); measles-mumps-rubella Vaccine with Autism; multiple immunizations with immune disorders; hepatitis B Vaccines with Multiple Sclerosis, etc. The notice of

Tripedia DTaP by Sanofi Pasteur reports "Adverse events reported during post-approval use of Tripedia Vaccine include idiopathic Thrombocytopenic purpura, SIDS, anaphylactic reaction, cellulitis, Autism, convulsion/grand mal convulsion, Encephalopathia, hypotonia, Neuropathy, Somnolence, and Apnea".

The epidemiological studies carried out did not show a clear evidence of those associations, even if in 2011 the National Academy of Medicine (formerly, IOM) admitted:

> ***"Vaccines are not free from side effects, or adverse effects."*** *- in "Adverse Effects of Vaccines Evidence and Causality", Institute of Medicine, August 2011.*

Specific researches on components of the Vaccines like Adjuvants (in most instances, Aluminum salts) are already indicated as possible responsible of neurological symptoms and in some cases, in-vivo tests and epidemiological studies demonstrated a possible correlation with neurological diseases.

Neurological damages induced in patients under hemodialysis treated with water containing Aluminum are reported in literature.

Specific studies communicated the existence of symptoms related to never-described-before syndromes developed after the Vaccine was administered.

For instance, Complex Regional Pain Syndrome (CRPS), Postural Orthostatic Tachycardia Syndrome (POTS), and Chronic Fatigue Syndrome (CFS).

The side-effects that can arise within a relatively short time can be local or systemic.

Pain at the site of injection, swelling and uncontrollable movement of the hands (though this last symptom can also be considered systemic) are described.

Among the systemic effects, Fever, Headache, Irritability, Epileptic Seizures, temporary Speech Loss, lower limbs dysaesthesia and Paresis, hot flashes, Sleep

Disorders, Hypersensitivity reactions, muscle pain, recurrent syncope, constant hunger, significant gait impairment, Incapacity to maintain the Orthostatic posture are reported.

Results

The investigations verified the physical-chemical composition of the Vaccines considered according to the inorganic component as declared by the Producer.

In detail, we verified the presence of saline and Aluminum salts, but further presence of micro-, sub-micro- and nanosized, inorganic, foreign bodies (ranging from 100nm to about 10 microns) was identified in all cases, whose presence was not declared in the leaflets delivered in the package of the product.

Saline is the fluid base to any vaccine preparation and Aluminum salts or Aluminum hydroxide Al(OH) are the adjuvants which are usually added.

Looking at the area outside these precipitates but inside the liquid drop, we identified other things: single particles, clusters of particles and aggregates (organic-inorganic composites) that are due to an interaction of the inorganic particulate matter with the organic part of the Vaccine.

Some metallic particles made of Tungsten or stainless steel were also identified.

Other particles containing Zirconium, Hafnium, Strontium and Aluminum (Vivotif, Meningetec); Tungsten, Nickel, Iron (Priorix, Meningetec); Antimony (Menjugate kit); Chromium (Meningetec); Gold or Gold, Zinc (Infarix Hexa, Repevax), or Platinum, Silver, Bismuth, Iron, Chromium (MMRvaxPro) or Lead, Bismuth (Gardasil) or Cerium (Agrippal S1) were also found.

The only Tungsten appears in 8/44 Vaccines, while Chromium (alone or in alloy with Iron and Nickel) in 25/44.

The investigations revealed that some particles are embedded in a biological substrate, probably proteins,

endo-toxins and residues of bacteria.

As soon as a particle comes in contact with proteic fluids, a nano-bio-interaction occurs and a "protein corona" is formed.

The nano-bio-interaction generates a bigger-sized compound that is not biodegradable and can induce adverse effects, since it is not recognized as self by the body.

Conclusion

The analyses carried out show that in all samples checked Vaccines contain non biocompatible and bio-persistent foreign bodies which are not declared by the Producers, against which the body reacts in any case.

This new investigation represents a new quality control that can be adopted to assess the safety of a Vaccine.

Our hypothesis is that this contamination is unintentional, since it is probably due to polluted components or procedures of industrial processes (e.g. filtrations) used to produce Vaccines, not investigated and not detected by the Producers." - Dr Antonietta M Gatti, National Council of Research of Italy, Institute for the Science and Technology of Ceramics, Italy, International Clean Water Institute, USA; Dr Stefano Montanari, Nanodiagnostics srl, Italy, in "New quality-control investigations on Vaccines: Micro- and Nanocontamination", International Journal of Vaccines & Vaccination, 2017.

Two Scientists Computers, Records, And Data All Confiscated

"This morning 2 Scientists from Italy lost their computers, records, and data - all confiscated.

Dr Gatti, and Dr Montanari, have been studying the potential effects of Micro- and Nanoparticles used in Vaccines on the human body for years.

One of them was scheduled to testify in court regarding an alleged Vaccine Injury.

Several conference presentations were also scheduled over the next few months.

Now, there is no data to present.

Coincidence?

Or, suppression of inconvenient scientific findings?" - in "SANEVAX", 22 February 2018.

"Doctors Gatti (PhD), and Montanari, once again persecuted by an illogical and dictatorial system.

Maybe being an Expert in Nanoparticles and Nanopathologies is dangerous for someone?

> *"This morning at 8:20 the Financial Police rushed into the Modena area, to doctors Gatti and Montinari, their Computers and documentation where seized. "So they took away all our data on everything we were dealing with." - Dr Montanari*

In an interview with Radio Studio 54:

"It was around 8.30 when 4 Financiers Police Officers showed up at my house showing a document from the Reggio Emilia Public Prosecutor's Office, and said that there is an investigation against me for fraud still relating to the electronic microscope which we have no longer had available.

The Financiers inspected every inch of the house.

They took away 2 computers.

In the meantime, other Financiers had gone to the laboratory, where all the computers and all the documentation and data in our possession on all the analyzes and studies underway and carried out were seized, including the computer copies.

So, now we have nothing left.

How will my wife show the data to the Lanusei Court where she should have returned?

How will I carry out the teaching I have in Geneva without anything more than my documentation?

I even had to cancel conferences I had scheduled because I no longer have any of our data.

At this point it is legitimate to ask: how much does our work bother, and to whom?" - in "Guardia di Finanza in the Laboratory of Dr Gatti and Montanari, medicine hindered as always", Caccini Informa, To Inform Correctly, 23 February 2018.

Chapter 11

The Epidemic of Mental Illness

"It may be hoped that in time anybody will be able to persuade anybody of anything, if he can catch the patient young, and is provided by the State with money and equipment.
This subject will make great strides when it is taken up by scientists, under a scientific dictatorship." *- Bertrand Russell, in "The Impact of Science on Society", 1951.*

"It seems that Americans are in the midst of a raging Epidemic of Mental Illness.

The tally of those who are so disabled by mental disorders that they qualify for Supplemental Security Income (SSI), or Social Security Disability Insurance (SSDI) increased nearly two and a half times between 1987 and 2007 — from 1 in 184 Americans to 1 in 76.

For children, the rise is even more startling — a 35% increase in the same 2 decades.

Mental Illness is now the leading cause of disability in children, well ahead of physical disabilities like Cerebral Palsy or Down Syndrome.

Nowadays treatment by Medical Doctors nearly always means Psychoactive Drugs.

In fact, most Psychiatrists treat only with Drugs.

The shift to Drugs as the dominant mode of treatment coincides with the emergence over the past 4 decades of the Theory that Mental Illness is caused primarily by Chemical Imbalances in the brain that can be corrected by specific Drugs.

That Theory became broadly accepted, by the media and the public as well as by the Medical Profession, after

Prozac came to market in 1987 and was intensively promoted as a corrective for a deficiency of serotonin in the brain. The number of people treated for Depression tripled in the following 10 years, and about 10% of Americans over age 6 now take Antidepressants.

The increased use of Drugs to treat Psychosis is even more dramatic. The new generation of Antipsychotics, such as Risperdal, Zyprexa, and Seroquel, has replaced cholesterol-lowering agents as the top-selling class of Drugs in the US.

> ***"Prior to treatment, patients diagnosed with schizophrenia, depression, and other psychiatric disorders do not suffer from any known "chemical imbalance." However, once a person is put on a psychiatric medication, which, in one manner or another, throws a wrench into the usual mechanics of a neuronal pathway, his or her brain begins to function abnormally."*** *- Robert Whitaker*

Even as Drug treatment for mental illness has skyrocketed, so has the prevalence of the conditions treated:

> ***"The number of disabled mentally ill has risen dramatically since 1955, and during the past 2 decades, a period when the prescribing of Psychiatric Medications has exploded, the number of adults and children disabled by Mental Illness has risen at a mind-boggling rate. Could our Drug-based paradigm of care, in some unforeseen way, be fuelling this modern-day plague?"*** *- Robert Whitaker*

If Psychoactive Drugs are useless, as Kirsch believes about antidepressants, or worse than useless, as Whitaker believes, why are they so widely prescribed by Psychiatrists?" - "The Epidemic of Mental Illness: Why?", The New York Review of Books, 23 June 2011.

Psychiatric Drugs & The Astonishing Rise Of Mental Illness

"The American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM), often referred to as the bible of psychiatry, and its extraordinary influence within American society.

I examine "Unhinged: The Trouble with Psychiatry—A Doctor's Revelations About a Profession in Crisis", the recent book by Daniel Carlat, a psychiatrist, who provides a disillusioned insider's view of the psychiatric profession.

And I discuss the widespread use of psychoactive drugs in children, and the baleful influence of the pharmaceutical industry on the practice of psychiatry.

One of the leaders of modern psychiatry, Leon Eisenberg, a professor at Johns Hopkins and then Harvard Medical School, who was among the first **to study the effects of Stimulants on Attention Deficit Disorder (ADD) in children, wrote that American psychiatry in the late 20th century moved from a state of "Brainlessness" to one of "Mindlessness",** (Mindlessness and Brainlessness, British Journal of Psychiatry, 1986).

Before Psychoactive Drugs were introduced, the profession had little interest in neurotransmitters or any other aspect of the physical brain.

But with the introduction of psychoactive drugs in the 1950s, and sharply accelerating in the 1980s, the focus shifted to the brain.

Psychiatrists began to refer to themselves as Psychopharmacologists, and they had less and less interest in exploring the life stories of their patients.

An early advocate of this biological model of mental illness, Eisenberg in his later years became an outspoken critic of what he saw as **the indiscriminate use of psychoactive drugs, driven largely by the machinations of the Pharmaceutical Industry.**

Serious Side Effects of the Drugs were becoming apparent, and an antipsychiatry movement had taken root.

By Emphasizing Drug Treatment, Psychiatry became the Darling of the Pharmaceutical Industry, which soon made its gratitude tangible.

These efforts to enhance the status of Psychiatry were undertaken deliberately. The American Psychiatric Association (APA) was then working on the 3rd edition of the DSM, which provides diagnostic criteria for all mental disorders.

The president of the APA had appointed Robert Spitzer, professor of psychiatry at Columbia University, to head the task force overseeing the project.

The first 2 editions, published in 1952 and 1968, reflected the Freudian view of mental illness and were little known outside the profession.

Spitzer set out to make the DSM-III something quite different.

He promised that it would be "a defense of the Medical Model as applied to psychiatric problems", and the president of the APA in 1977, Jack Weinberg, said it would "clarify to anyone who may be in doubt that we regard Psychiatry as A Specialty of Medicine."

When Spitzer's DSM-III was published in 1980, it contained 265 diagnoses (up from 182 in the previous edition), and it came into nearly universal use, not only by Psychiatrists, but by insurance companies, hospitals, courts, prisons, schools, researchers, government agencies, and the rest of the Medical Profession.

Its main goal was to bring consistency (usually referred to as "reliability") to psychiatric diagnosis.

To do that, each diagnosis was defined by a list of symptoms, with numerical thresholds.

For example, having at least 5 of 9 particular symptoms got you a full-fledged diagnosis of a major depressive episode within the broad category of "mood disorders."

But there was another goal—to justify the use of Psychoactive Drugs.

The President of the APA in effect acknowledged that:

> ***"It became necessary in the 1970s, to facilitate diagnostic agreement among clinicians, scientists, and regulatory authorities given the need to match patients with newly emerging Pharmacologic Treatments."*** *- Dr Carol A. Bernstein, MD, in "Meta-Structure in DSM-5 Process", Psychiatric News, 4 March 2011.*

In a 1984 article **"The Disadvantages of DSM-III Outweigh Its Advantages,"** George Vaillant, a professor of psychiatry at Harvard Medical School, wrote that **the DSM-III represented "a bold series of choices based on guess, taste, prejudice, and hope."**

There are no citations of scientific studies to support its decisions.

That is an astonishing omission, because in all medical publications, whether journal articles or textbooks, statements of fact are supposed to be supported by citations of published scientific studies.

The current version, the DSM-IV-TR in 2000, which contains 365 diagnoses.

> ***"With each subsequent edition, the number of diagnostic categories multiplied, and the books became larger and more expensive. Each became a best seller for the APA, and DSM is now one of the major sources of income for the organization."*** *- Dr Daniel Carlat, MD*

As Psychiatry became a Drug-Intensive Specialty, the Pharmaceutical Industry was quick to see the advantages of forming an alliance with the Psychiatric Profession.

Drug Companies began to lavish attention and largesse on Psychiatrists, both individually and collectively, directly and indirectly.

They showered gifts and free samples on practicing Psychiatrists, hired them as consultants and speakers,

bought them meals, helped pay for them to attend conferences, and supplied them with "educational" materials.

"To a remarkable degree, our choice of Medications is subjective, even random. Perhaps your psychiatrist is in a Lexapro mood this morning, because he was just visited by an attractive Lexapro Drug Rep. Such is modern Psychopharmacology. Guided purely by symptoms, we try different Drugs, with no real conception of what we are trying to fix, or of how the Drugs are working." - Dr Daniel Carlat, MD

Frenzy of Psychiatric Diagnoses

Allen Frances, chairman of the DSM-IV task force, is highly critical of the expansion of diagnoses in the DSM-V.

In the 26 June 2009, issue of Psychiatric Times, he wrote that **the DSM-V will be a "bonanza for the Pharmaceutical Industry but at a huge cost to the new False Positive patients caught in the excessively wide DSM-V net."**

The pharmaceutical industry influences psychiatrists to prescribe psychoactive drugs even for categories of patients in whom the drugs have not been found safe and effective.

What should be of greatest concern for Americans is the astonishing rise in the diagnosis and treatment of mental illness in children, sometimes as young as 2 years old.

The apparent prevalence of "Juvenile Bipolar Disorder" jumped 40% between 1993 and 2004, and that of "Autism" increased from 1 in 500 children to 1 in 90 over the same decade.

10% of 10 year-old boys now take daily stimulants for ADHD "Attention Deficit Hyperactivity Disorder", and 500,000 children take Antipsychotic Drugs.

There seem to be fashions in Childhood Psychiatric Diagnoses, with one disorder giving way to the next." - in "The Illusions of Psychiatry", The New York Review of Books, 14 July 2011.

In Bed with Big Pharma I

"Pharmaceutical Companies have been largely responsible for our current mental health "Epidemic."

With more and more individuals being diagnosed every year with psychiatric illnesses, Pharmaceutical Companies have realized hundreds of millions of dollars in profits.

Profits they have gladly shared with the American Psychiatric Association and many of its members.

One fifth of APA's funding currently comes from Pharmaceutical Companies.

Likewise, many of those who currently sit on the APA's task force for revising the DSM have also financially benefited from the Industry.

According to financial records provided by the APA, over 50% of all DSM-5 Task Force members have significant Industry interests.

These alarming findings are cause for concern.

For over 3 decades, the Pharmaceutical Industry has been successful at convincing us that illnesses such as Depression and Anxiety, not to mention normal human emotions such as Sadness, Shyness, and Stress, can be alleviated with a pill.

Unfortunately, the psychiatric field has allowed itself to be co-opted by the Industry and failed to fully question the scientific merits of those Psychoactive Drugs in which they prescribe.

Drugs are not a panacea for all that ails us.

What is needed is a more nuanced and sophisticated approach to mental illness, one that does not rely solely on pills to cure." - in "In Bed with Big Pharma Psychiatry should reevaluate their relationship with the Pharmaceutical Industry", Psychology Today, 15 July 2011.

Take Medication For Diarrhoea Get Deafness

"Dr Wegmar followed up with an even more remarkable revelation from Spain:

"In 1973, the year after the tragic death of their daughter, Professor and Mrs. Zander travelled in Spain and brought home this poster which was on the drugstore counters, Chlorostrep, a product of Parke-Davis of Spain.

The poster says, in effect:

"Don't allow diarrhea to interfere with your vacation. Take Chlorostrep at the first problem."

This drug is a combination of chloramphenicol and dihydroestreptomicine.

As you may know, streptomycin, although not commonly in small doses, carries the risk of causing deafness.

Thus, if you take this fine combination, you run the risk of becoming deaf before you die.

And its usefulness for most causes of diarrhea commonly seen is negligible." - Subcommittee on Monopoly, 1976." - in "Corporate Crime in the Pharmaceutical Industry", 1984.

Pharmaceutical Companies & The Third World

"Muller (1982: 55) has, among other revelations, demonstrated the abuse of diuretics to deal with the bloating and puffing symptoms of kwashiorkor, a form of childhood malnutrition.

Muller quotes from a BBC interview with a health worker from Bangladesh:

"The drug rep was trying to persuade this rather young doctor that furosemide, was a very good drug to use for children who had kwashiorkor or marasmus.
These are deficiency diseases which produce swelling all over the body and the rep was suggesting that this drug was very good at reducing this oedema. When it was pointed out that the swelling might go down but the child would be killed, the drug representative said: "Well, the child is going to die anyway."

Consider another example from my interviews:

"In countries like Brazil [our product] has to compete with 20 pirate competitors. Now these people promote the product for every infection imaginable. They therefore get better sales than we who developed the product. Their name gets better known as their version gets more widely prescribed. Then they even begin to take away sales from us in the areas where we think the drug is indicated. Of course our Brazilian manager then wants us to expand the indications too."

Dowie produced a list of strategies used in dumps which shares remarkable similarity with a list I collected from my interviews with pharmaceutical executives:

The Name Change

"When a product is withdrawn from the American market, receiving a lot of bad publicity in the process, the astute dumper simply changes its name.

The Last Minute Pull-Out

When it looks as if a chemical being tested by the Environmental Protection Agency won't pass, the manufacturer will withdraw the application for

registration and then label the chemical "for export only." That way, the manufacturer doesn't have to notify the importing country that the chemical is banned in the U.S..

Dump the Whole Factory

Many companies, particularly pesticide manufacturers, will simply close down their American plants and begin manufacturing a hazardous product in a country close to a good market.

The Formula Change

A favourite with drug and pesticide companies. Changing a formula slightly by adding or subtracting an inert ingredient prevents detection by spectrometers and other scanning devices keyed to certain molecular structures.

The Skip

Brazil, a prime drug market with its large population and virulent tropical diseases, has a law that says no one may import a drug that is not approved for use in the country of origin. A real challenge for the wily dumper. How does he do it?

Guatemala has no such law; in fact, Guatemala spends very little each year regulating drugs. So, the drug is first shipped to Guatemala, which becomes the export nation.

The Ingredient Dump

Your product winds up being banned. Don't dump it. Some wise-ass reporter from Mother Jones will find a bill of lading and expose you.

Export the ingredients separately — perhaps via different routes — to a small recombining facility or assembly plant you have set up where you're dumping it, or in a country along the way.

Reassemble them and dump the product (Dowie, 1979: 25).

In Chile under the Allende government, Pfizer's subsidiary was accused of smuggling drugs illegally across the border to Bolivia and Peru.

The Government felt that the only way to prevent such activities was state control of the company.

Unfortunately the military coup of September 1973 prevented the legal case reaching any conclusion (Heller, 1977: 55).

What studies have been done suggest that D**octors' diagnoses are often right only 50% of the time; their prescriptions err similarly.**

Briloff (1972) tells of the owner of a growing company who wanted to increase its respectability by having the books audited by one of the largest accounting firms.

The partners of the first 3 firms interviewed were asked:

"What does 2 plus 2 equal?"
Each replied: "4, of course."

The next firm interviewed won the client when, after serious reflection, the partner answered: "What number did you have in mind?"

A book on Corporate Crime in international business would not be complete without mention of the range of financial abuses which take place." - in "Corporate Crime in the Pharmaceutical Industry", 1984.

The Medical Trade, The Pharmaceutical Industry And Your Health

"Ralph Nader reports: "Some 300,000 Americans are Killed each year in hospitals as a result of Medical Negligence."

That is 821 a day.

By comparison the battlefields of Vietnam killed only 15 Americans a day.

Just 1 FDA-Approved Class of Drugs Killed 69,297 Americans in 1 year, or 189 individuals a day.

This class of Medical Drug is still on the market, and it is still being taken by hundreds of thousands of unsuspecting Americans.

Shouldn't you know which one?

Altogether, Medical Prescription Drugs Kill in excess of 168,000 a year in the U.S.

Will you be next?

In 1991 alone, over 16,000 individuals Died as a result of Bypass Surgery.

Another 12,000 Died from Angioplasty Surgery.

The Journal of the American Medical Association JAMA, admits that nearly 50% of these individuals did not need these surgeries.

After 20 years of the "War on Cancer", Dr Samone of the National Cancer Institute, admits that Cancer today is at an Epidemic level in the U.S.

Some 40,000,000 Americans have Clogged Arteries.

In spite of all the technological "marvels" Heart Attacks are today's greatest killer." - Dr Thomas Dorman, MD, "Fact Fiction And Fraud in Modern Medicine", 4 February 1998.

4 April 2021
Those of you who think the Vaccine kills people can use me as a Test

"I have enough confidence in the Vaccine, based on my research, to get it done.

Those of you who think the Vaccine kills people can use me as a Test.

If I die, you were right. If I don't die, and have no ill effects, you were wrong, and should admit it (at lease to yourselves).

Better yet, you should admit that you were misled, and tell the world who misled you, so other people can benefit by avoiding those fear mongers." - Doug Brignole, former Mr America , Mr Universe, Author of "The Physics of Resistance Exercise", lecturer, educator and coach, in Twitter, 4 April 2021.

14 October 2022
Body Builder Dies

"Bodybuilder And Fitness Author Doug Brignole Has Passed Away At 63 Years." *- in "Generation Iron", 14 October 2022.*

"Bodybuilder Doug Brignole died a 1 week after getting the new bivalent booster. I just found out today, from someone else who knew Doug.

That Doug and his girlfriend were Vaccinated with the latest booster a week before he died.

He was Vaccinated with the booster just before his trip to attend the Mr America contest that took place Oct 8-9, 2022 in Atlantic City." - in "Steve Kirsch's newsletter", 28 October 2022.

Chapter 12

The "Pandemic Contagion" Yet Another Medical Trade Theory Farce

"One reason for the scepticism about Simond's claim was the difficulty of reproducing the experiment; contemporary scientists such as Dr J. A. Thompson, MD in Sydney and Verjbitsky in Kronstadt tried and failed." *- in* ***"Paul-Louis Simond and his discovery of plague transmission by rat fleas:*** *a centenary", J. R. Soc. Med., February 1998.*

"Power of any kind of flea to communicate plague not rigorously established as yet.
Direct experimental proof of a satisfactory character that it is in the power of any species of flea to communicate plague is at present wanting *and it should be observed that after it shall have been given, still the epidemiologist alone can say whether the disease actually is commonly so spread.*
The first outbreak in Sydney consisted in 303 cases, and the requisite particulars were learned in 289 of them.
Those 289 persons had lived in 276 dwellings; 266 of the dwellings had harboured but a single case apiece.
The evidence, then, collected under the usual conditions of civilised life in 1900 and in 1902, suffice to show that neither direct nor indirect communication with the sick is a factor in the causation of epidemics, and this fundamentally important judgment has been fortified by all the experience of subsequent years.

It carries with it the corollary that the infection spread in epidemic form by means which were:
(a) external to man, and
(b) independent of his agency.
The infection is associated in some way with locality.
The disease claimed many victims, although it did not spread from person to person.
The infected must have shared something, therefore." *- Dr J. Ashburton Thompson, MD, DPH, President of the Board of Health and Chief Medical Officer of the Government of New South Wales, Australia, in "On the Epidemiology of Plague", The Journal of Hygiene, October 1906.*

"This is no proof of contagion or yet of spontaneous origin. The poison of the disease has come from without, and will probably he explained by enquiry directed to the supply of water or milk, or the condition of the outlets from drains, Etc. It may almost be taken for granted that whenever an epidemic prevails there is some tangible cause to account for it.
The converse of this also holds good, as the experience of the past year proves with regard to Typhus Fever, a disease universally recognised as the peculiar result of room-overcrowding." *- in "Report of the Medical Officer of Health on the Sanitary Condition of Newcastle-Upon-Tyne, With Tabular Returns, Diagrams, Etc., of the Sickness and Mortality During the Year, 1873", 1874.*

The Contagion of Influenza Farce

"Epidemiology: No apparent grouping or localization of cases could be detected at any station nor could any relationship be traced between attacks at one station or ship and another, e.g., the receiving ship at Boston where the disease started, and was quite severe, had little or no contact with the United States naval radio school, Harvard University, Cambridge, Mass., where the disease is also epidemic, but did have close relationship with the United States naval section base, Boston, Mass., and the United States naval aviation detachment, Cambridge, Mass., where comparatively have occurred few cases have occurred as yet." - in "The Appearance of Influenza in Epidemio Form", Notes on Preventive Medicine for Medical Officers, United States Navy, Confidential, Bulletin No.42, 13 September 1918.

"It is reported from the U.S.S. Lebanon that during the recent Epidemic of Spanish Influenza no cases developed on board. Considering the character of the work performed this is believed to be rather remarkable, as the crew was exposed to all kinds of weather.
Men were frequently wet from the waist down and they worked long hours both day and night in the preparation of target rafts for gunnery practice.
No precautions were taken to prevent the introduction of influenza except that berthing spaces were well aired, bedding was sunned, and men were required to shift into dry clothing after the day's work was done." *- in "Notes on the Present Epidemic of Influenza", Notes on Preventive Medicine for Medical Officers, United States Navy, Bulletin No.51, 16 November 1918.*

All Quarantine and Disinfection Measures Proved Insufficient

"All quarantine and disinfection measures proved to be insufficient; cholera spread across the cordon line over all of Prussia and later over all of western Europe, too.

This catastrophe caused authorities to order not only the disinfection of letters arriving from the East, but also the outgoing mail from Prussia.

This measure was ordered by the chief of the "Immediate Commission for the Defense Against Cholera" von Thile, on 2 September 1831." - in "Caduceus: a museum quarterly for the health sciences", 1989.

The Disinfecting of Mail To Stop Cholera

"Finally, it shall be emphasized, that, even if it were conceivable for a letter to contain viable cholera germs, although nothing of that became evident until now, the effect of its disinfection would be completely illusory, for the facts show very conclusively that during its dissemination cholera almost always is spread in ways separate from the mail.

Even if it were possible to completely prevent the transmission of disease through mail by the most precise disinfection procedures, all the other ways which cholera usually disseminates would remain viable.

If you don't want to interrupt all other traffic, cholera would still be among us as before, when local and temporal conditions are present.

With these facts, the Royal Superior Board of Health cannot recommend continuation of the costly and ineffective procedure. [Signed] Dr von Pettenkofer." - in "Die Desinfektion der Postsendungen als SchutzmaPregel gegen die einschleppung der Cholera", L'Union Postale 6 (1884), zit nach Prague (1978):91-105.

The Non-Contagiousness of Epidemics

"The Committee on Epidemics of the American Medical Association is collecting valuable materials for a scientific account of the fevers in this country.

The first question is:

What is typhoid poison, what is its origin?
How do atmospherical climacteric peculiarities, how do peculiarities of occupation, regimen, and constitution modify the activity of the poison?
Why in certain cases is it determined to the lungs, why in others to the brain?
Why does yellow fever so generally affect the liver and the gastric mucous membrane?

We find some information on all these points in the book before us.
Yellow fever is the subject of the 9th chapter, and of the 2 following.
The disease was observed at Lisbon during the latter half of the year 1857, when an epidemic prevailed in that city.
These chapters are chiefly valuable for the history of that epidemic on which they are based.
The symptoms of yellow fever vary very much, making it even difficult of recognition, and requiring the adoption of forms or groups in a description.
Dr Wilson, speaks of an inflammatory and congestive form, each subdivided into 3 grades.
The inflammatory and congestive varieties, the typhoid, the malignant, the cold form.

Dr Lyons remarks:

"I can have no doubt that a great deal of the discrepancy of statement and conflict of opinion in the accounts we possess of

the several epidemics of yellow fever occurring in various localities, has arisen from the different forms which the disease presents, being confounded in one common description, embracing the phenomena of all."

The 5 forms under which the disease is described are, the algid, the sthenic, the hemorrhagic, the purpuric, the typhus.

This algid form, during the Lisbon epidemic, occurred most frequently in persons of the very lowest classes, but was not limited to either sex or to any age; old and young alike being amongst its victims.

The prostration of strength was early and extreme, and the hemorrhagic tendency present to the most marked degree in a very large proportion of cases.

In only a few cases were typhus phenomena observed.

These were presented "in 2 orders of combination."

In 1 they appeared as the primary and essential characteristics from an early period of the febrile invasion, such cases resembling those of Typhoid Pneumonia, with Jaundice.

In other cases the patient passed through the sthenic or hemorrhagic forms, which were supplanted by the typhus.

There was an increase of temperature in these cases to an extent of 4 or 5 degrees; they proved fatal, and no follicular lesion was detected in any of them after careful examination.

In reference to Dr Clark's views of the connection of Cerebral Symptoms, and Black Comit with Congestion and imperfect action of the kidneys, we have looked with interest at what our author has to say on the renal function.

"Almost complete suppression was observed in certain cases. In other instances, and this not infrequently, the urine has been abundant, normal in specific gravity and reaction, at times high-coloured, of a rich straw or amber colour, at times highly loaded with lithates, and presenting the brick-dust sediment with more or less colouring matter in different cases. Under other conditions, the urine is found coagulable by

heat and nitric acid, and it is occasionally brownish-red, smoke-coloured, or variously tinged, from more or less admixture of blood elements. No deficiency of any of the normal constituents of the urine was observed by me in any single instance, where there was not a total or partial suppression of this secretion, which seems to stand in very intelligible relation with the generally depressed condition of the vital powers and the stagnation of the circulation more especially, and was only one of several similar states of suspended action in the system. In a few instances, albumen was found in the urine in connection with this depressed condition of the circulation. On referring to the results of the post-mortem examinations in yellow fever cases, it will be found that congestion of the kidneys, in common with most other internal organs, was sufficiently often observed."

The author speaks of urine with high specific gravity and with more or less abundant deposits of variously coloured lithates, as constantly attending the well-marked pyrexia of the sthenic cases, and of the same peculiarities being found in cases classed as hemorrhagic.

The excretion of colouring matter having the usual biliary reaction was often observed in connection with pyrexial and apyrexial states.

Parotitis (inflammation parotid gland), an efflorescent rash, bloody furuncles, are among the symptoms of yellow fever at which we look when we ask to what parts or glands is the poison especially determined.

"The state of the liver was the most remarkable, the most constant, and, to my mind, the most inexplicable condition presented in the post-mortem examination of fatal yellow fever cases. *I believe that it may be affirmed that some departure from the normal state of the organ was an absolutely constant condition in all cases which proved fatal. It was not only*

so with regard to the cases examined by myself, but the concurrent testimony of all my learned confrères in Lisbon pointed to the same result. The colour most frequently presented was that of a rich fawn yellow, or buff, various shades being observable in different cases."

M. Louis tells us also of the Epidemic at Gibraltar:

"That the most remarkable lesion of the liver was the alteration of its colour, which was more or less exactly the same in all the cases, and through the whole extent of the organ. This alteration consisted in a discoloration, the liver being sometimes of the colour of fresh butter, sometimes of a straw colour, sometimes of the colour of coffee and milk, sometimes of a yellowish gum colour, or a mustard colour, or finally, sometimes an orange inpistachie colour."

Dr Alonzo Clark, of New York, in 1852 found on microscopical examination of a yellow fever liver "a fatty state of all the secreting tube- cells, and such an abundance of free oil-globules of large and small size, as to cover and obscure every thin section which was made of the liver", and asked the question, "is not the change so constantly observed in the livers of those dying of fatty fever an acute fatty degeneration?"

Dr Lyons has also inquired into the specific gravity of the liver, and gives a table of 24 cases from which there is shown a general correspondence between fatty degeneration and low specific gravity, and that the specific gravity is a more accurate measure of the fatty change than that furnished by the colour of the hepatic substance.

In 10 cases an attempt was made to determine the absolute quantity of fatty matter by maceration of known quantities in sulphuric ether.

Proof was thus obtained that with the yellow, or buff-coloured, or even the chocolate-coloured state of the hepatic

substance, there was found a considerable, and in some instances a very marked increase of the fatty elements.

In chapter 11, marked as supplementary, there is given a summary of the chief climatological and other elements determined in connection with the Lisbon epidemic of 1857, extracted from an official report to the President of the General Board of Health at Lisbon.

Careful inquiry in all directions no evidence was found to warrant the conclusion that the "importation theory was even moderately well founded", though a belief in it was widespread and general, and not confined to any class of the community.

"All parts of the city largely attacked by the Epidemic presented in common certain conditions of insalubrity, which may be classed as follows:

1. Defective water supply.

2. Total absence of, or extremely deficient sewerage.

3. Total absence or incompleteness of house-drains, privies, and a consequently unclean state of the streets.

4. Badly-constructed dwellings, with deficiency of light and air, and want of thorough ventilation.

5. Absence or defective condition of tertiary and secondary sewers."

Thus we have additional proof of the great importance of effective sewerage

and of an abundant supply of water to the health of cities.

There was no proof of contagion, and no general belief in it." - in "A Treatise on Fever: or Selections from a Course of Lectures on Fever", The American Journal of the Medical Sciences, July 1861.

Final Words on the Non-Contagiousness of the Plague

The Non-Contagiousness of the Bubonic Plague in Western Europe "The Great Plague of Marseille"

"As for the transmission of the disease through contact, it is also rejected by Dr Deidier, as well as by his colleagues Chicogneau and Verny, Professors from Montpellier, who were also sent to Marseille by order of the king.

These doctors stayed a whole year in Marseille.

They were able, therefore, to observe the disease throughout its duration.

Note that they were very remarkable, very educated men, especially Chicogneau, who was, for many years, the king's first physician.

Well, these men, neither in practice nor in theory, recognized the contagious nature of the plague.

In practice, they treated many sick people, touched them, sat on beds of plague victims, and opened corpses without taking any precautions.

In theory, that is to say in the works that they published reporting the results of their observations, they declared themselves Anti-Contagionist."

We can be convinced of this by reading the great work by Ghicogneau, entitled:

"Treatise on the causes, accidents and of the cure of the plague", printed in Paris, by order of the King in 1774.

We will also read with lots of fruits, a smaller work, entitled: Observations and reflections suitable for confirming what is put forward by Ghicogneau, Verny and Soulier, in the relation of 10 October 1720, touching nature and treatment of the plague of Marseille, printed in Aix, by order of the Marquis de Vauvenargues.

Is it not remarkable to see that these are precisely those whom circumstances have brought to grips with the scourge who reject the doctrine of contagion, while this doctrine is accepted and propagated on the contrary by the men who have never witnessed the illness they are talking about.

It is therefore reasonable to admit with Ghicogneau, Verny and Deidier:

1° that the plague of 1720 was not imported to Marseille by ship;

2° that it was not contagious.

In 1721, a treatise by Pestalossi appeared in Lyon, associate doctor at the college of Lyon, entitled:

"Preliminary notice deposits against the contagious disease of Marseille".

In this small volume of 203 pages, dedicated to the Duke of Lorraine, the author shows himself to be very respectful towards Chicogneau who pushes knows charity to the point of sitting on the beds of the sick, being well convinced of the non-contagiousness of this disease.

A prodigious number of books have been written down to our days on the plague of 1720, by stewards, doctors, aldermen and people completely foreign to the science.

If we wanted to refute all these works, we would have to entire volumes; I will therefore limit myself to citing a few of them who still enjoy a reputation that they do not do not deserve, because they have never been able to observe the plague.

Such are: Fodéré, Baume, Robert, Anglada and some authors Marseilles foreigners to medicine, members of the Academy Belles Lettres de Marseille, Laforêt, for example, and Autran, who recently wanted to propagate old ideas of contagion among the Marseille public.

Instead of being useful to their compatriots, they were disastrous to them.

Laforêt's work is written in a remarkable manner.

On every page we find the brilliant imagination and poetics of the author.

However, I believe that we can contest the opportunity of such a publication, which was read at the Academy of Marseille, and which was sent to me by the author, at the time when cholera was rampant in our city.

It is also regrettable, from the point of view of science, that a serious man, that a writer of such merit, use his talent to propagate old errors contagionist.

The doctrine of contagion is fatal to peoples, among whom it profitlessly spreads distrust and fear.

The time has come, I believe, to push it back with energy in the name of civilization and in the interest of humanity.

It is, driven by this consideration, that I have come to publish today these few words on the plague of 1720.

Happy if my great experience, in such a matter, can be of some use to my compatriots!

Laforét's memoir was of no use, because we have a decree from HM Louis XV which contains all the details on the plague of 1720, an ordinance published in the Historical Mercury for the month of November 1720 that I keep treasured in my library.

Three pages of this volume and 26 articles are devoted to the promulgation of this edict, which characterizes an era completely infatuated with contagionist ideas." - Dr Antoine Clot, MD in "Final Words on the Non-Contagiousness of the Plague", 1866.

"Diseases are not entities that have entered into the body; they are not parasites that take root in the body; they merely show us the course of the vital processes under altered conditions." *- Virchow, 1847.*

The Contagion of Yellow Fever Farce

"The Propagation of Yellow Fever: Without entering into details, I may say that, in the first place, the Commission saw, with some surprise, what had so often been noted in the literature, that patients in all stages of yellow fever could be cared for by non-immune nurses without danger of contracting the disease. The non-contagious character of Yellow Fever was, therefore, hardly to be questioned. In the second place, it had been observed that patients discharged from the wards during early convalescence could be brought into intimate association with non-immune individuals without thereby establishing fresh foci of the disease. This did not seem to indicate that any specific agent was present in the excreta of the sick. Again, it had been noted that in certain cases of this disease no growth had been obtained on the ordinary laboratory media, either by frequent cultures from the blood during life or from the blood and organs after death.

Further, in the course of an investigation which the Commission were able to make during the last week of July 1900, concerning the origin and spread of a small epidemic of yellow fever that had appeared in a military garrison, numbering about 900 men, at Pinar del Rio, Cuba, they had seen that by reason of the false diagnosis of "pernicious malarial fever", which had been given to these cases no disinfection of bedding or clothing had been carried out; and yet there was no indication that this neglect had contributed in the least to the spread of the disease; nor had any harm come to those non-immunes who had slept in the beds vacated by the sick, or washed the supposedly infected garments of those who had recovered or died of this disease.

Then, too, **the endemic curve of yellow fever in the city of Havana, and its well-known epidemic curve in the United States, appeared to be more intimately associated with and more affected by the rise and fall of the annual temperature curve than was to be seen in any of the acute infections**, except malarial fever.

The peculiar behaviour of this disease (if I may use the expression) in rapidly spreading in certain localities, when introduced, as contrasted with its failure to propagate itself in other places, where the conditions for its increase were apparently just as favourable, seemed to point in the strongest manner to the necessity for some special agent or intermediate host in the dissemination of its specific cause.

From 21 December 1900, till 10 January 1901, this building was again occupied by 2 non-immune young Americans, under the same conditions as the preceding occupants, except that these men slept every night in the very garments worn by yellow fever patients throughout their entire attacks, besides making use exclusively of their much-soiled pillow-slips, sheets and blankets.

At the end of 21 nights of such intimate contact with these fomites, they also went into quarantine, from which they were released five days later in perfect health.

From January 11 till January 31, a period of 20 days,

Building No.1 continued to be occupied by 2 other non-immune Americans, who, like those who preceded them, have slept every night in the beds formerly occupied by yellow fever patients and in the night-shirts used by these patients throughout the attack without change.

In addition during the last 14 nights of their occupancy of this house they had slept each night, with their pillows covered with towels that had been thoroughly soiled with the blood drawn from both the general and capillary circulation, on the first day of the disease, in the case of a well-marked attack of yellow fever.

Notwithstanding this trying ordeal these men have continued to remain in perfect health.

The attempt which we have therefore made to infect Building No.1 and its seven non-immune occupants, during a period of 63 nights, has proved an absolute failure." - Dr Walter Reed, MD, Surgeon, U.S. Army, President of the Commission, in "Recent Researchs concerning the Etiology, Propagation, and Prevention of Yellow Fever, by the United States Army Commission", The Journal of Hygiene, 1 April 1902.

The Treatment of Contagious Diseases

"Now we will proceed to deal with the Treatment of Contagious Diseases.

They have a common origin, but, since small-pox is by far the most important of them, we will give a separate chapter to it, dealing with the rest in another chapter.

We are all terribly afraid of the small-pox, and have very crude notions about it.

In fact it is caused, just like other diseases, by the blood getting impure owing to some disorder of the bowels; and the poison that accumulates in the system is expelled in the form of small-pox.

There is absolutely no need to be afraid of small-pox.

If it were really a contagious disease, everyone should catch it by merely touching the patient; but this is not always the case.

Hence there is really no harm in touching the patient, provided we take some essential precautions in doing so.

We cannot, of course, assert that small-pox is never transmitted by touch, for **those that are physically in a condition favourable to its transmission will catch it.**

This is why, in a locality where small-pox has appeared, many people are found attacked by it at the same time.

This has given rise to the superstition that it is a contagious disease, and hence to the attempt to mislead the people into the belief that Vaccination is an effective means of preventing it.

The process of Vaccination consists in injecting into the skin the liquid that is obtained by applying the discharge from the body of a small-pox patient to the udder of a cow.

The original theory was that a single vaccination would suffice to keep a man immune from this disease for life; but, when it was found that even Vaccinated persons were attacked by the disease, a new theory came into being that the Vaccination should be renewed after a certain period, and today it has become the rule for all persons — whether already Vaccinated or not — to get themselves Vaccinated

whenever small-pox rages as an epidemic in any locality, so that it is no uncommon thing to come across people who have been Vaccinated 5 or 6 times, or even more.

Vaccination is a barbarous practice, and it is one of the most fatal of all the delusions current in our time, not to be found even among the so-called savage races of the world.

Its supporters are not content with its adoption by those who have no objection to it, but seek to impose it with the aid of penal laws and rigorous punishments on all people alike.

The practice of Vaccination is not very old, dating as it does only from 1798.

During this comparatively short period that has elapsed, millions have fallen a prey to the delusion that those who get themselves Vaccinated are safe from the attack of small-pox.

No one can say that small-pox will necessarily attack those who have not been Vaccinated; for many cases have been observed of unvaccinated people being free from its attack.

From the fact that some people who are not Vaccinated do get the disease, we cannot, of course, conclude that they would have been immune if only they had got themselves Vaccinated.

Vaccination is a very dirty process, for the serum which is introduced into the human body includes not only that of the cow, but also of the actual small-pox patient.

An average man would even vomit at the mere sight of this stuff.

The mere suggestion of tasting it fills us with indignation and disgust.

But how few of those who get themselves Vaccinated realise that they are in effect eating this filthy stuff!

Most people know that, in several diseases, medicines and liquid food are injected into the blood, and that they are assimilated into the system more rapidly than if they were taken through the mouth.

I cannot also help feeling that Vaccination is a violation of the dictates of religion and morality.

The drinking of the blood of even dead animals is looked upon with horror even by habitual meat-eaters.

Yet, what is Vaccination but the taking in of the poisoned blood of an innocent living animal?

Several of the most thoughtful men in England have laboriously investigated the manifold evils of Vaccination, and an Anti-Vaccination Society has been formed.

The members of this society have declared open war against Vaccination, and many have even gone to prison for this cause.

The Objections To Vaccination Are:

1. The preparation of the Vaccine from the udder of cows or calves entails untold suffering on thousands of innocent creatures, and this cannot possibly be justified by any gains resulting from Vaccination.

2. Vaccination, instead of doing good, works considerable mischief by giving rise to many New Diseases. Even its advocates cannot deny that, after its introduction, many New Diseases have come into being.

3. The Vaccine that is prepared from the blood of a small-pox patient is likely to contain and transmit the germs of all the several diseases that he may be suffering from.

4. There is no guarantee that small-pox will not attack the Vaccinated. Dr Jenner, the inventor of Vaccination, originally supposed that perfect immunity could be secured by a single injection on a single arm; but when it was found to fail, it was asserted that Vaccination on both the arms would serve the purpose; and when even this proved ineffectual, it came to be held that both the arms should be Vaccinated at more than one place, and that it should also be renewed once in seven years. Finally, the period of immunity has further been reduced to 3 years! All this clearly shows that doctors themselves have no

definite views on the matter. The truth is, as we have already said, that there is no saying that small-pox will not attack the Vaccinated, or that all cases of immunity must needs be due to Vaccination.

5. The Vaccine is a filthy substance, and it is foolish to expect that one kind of filth can be removed by another.

By these, and similar arguments, this society has already produced a large volume of public opinion against Vaccination.

In a certain town, for instance, a large proportion of the people refuse to be Vaccinated, and yet statistics prove that they are singularly free from disease.

The fact of the matter is that it is only the self-interest of Doctors (the Medical Trade), that stands in the way of the abolition of this inhuman practice, for the fear of losing the large incomes that they at present derive from this source blinds them to the countless evils which it brings.

Those who are conscientious objectors to vaccination should, of course, have the courage to face all penalties or persecutions to which they may be subjected by law, and stand alone, if need be, against the whole world, in defence of their conviction.

Those who object to it merely on the grounds of health should acquire a complete mastery of the subject, and should be able to convince others of the correctness of their views, and convert them into adopting those views in practice.

Those who object to Vaccination should observe all the more strictly the laws of health already explained; for the strict observance of these laws ensures in the system those vital forces which counteract all disease germs, and is, therefore, the best protection against small-pox as well as other diseases. If, while objecting to the introduction of the poisonous Vaccine into the system, they surrendered themselves to the still more fatal poison of sensuality, they would undoubtedly forfeit their right to ask the world to accept their views on the matter.

When small-pox has actually appeared, the best treatment is the "Wet-Sheet-Pack", which should be applied 3 times a day.

It relieves the fever, and the sores heal rapidly.

There is no need at all to apply oils or ointments on the sores. If possible, a mud-poultice should be applied in 1 or 2 places. The diet should consist of vegetables, and light fresh fruits.

Normally the sores should begin to heal under the "Wet-Sheet-Pack" in less than a week; if they do not, it means that the poison in the system has not been completely expelled.

Instead of looking upon small-pox as a terrible disease, we should regard it as one of Nature's best expedients for getting rid of the accumulated poison in the body, and the restoration of normal health.

After an attack of small-pox, the patient remains weak for sometime, and in some cases even suffers from other ailments.

But this is due not to the small-pox itself; but to the wrong remedies employed to cure it.

Thus, the use of quinine in fever often results in deafness, and even leads to the extreme form of it known as "quininism".

So too, the employment of mercury in venereal diseases leads to many new forms of disease.

The only sound system of treatment is that which attempts to remove the root-causes of disease by a strict observance of the fundamental laws of health.

After the vesicles on the body have given place to scabs, olive oil should be constantly applied, and the patient bathed every day.

Then the scabs rapidly fall off, and even the pocks soon disappear, the skin recovering its normal colour and freshness." - Mahatma Gandhi, in "A Guide to Health", 1921.

Varicella Zoster Virus Farce

"During the past year varicella has been widespread throughout New York City and made its appearance in our admitting pavilions.

An opportunity was therefore afforded us again to attempt immunization.

To this end we made use of the contents of the vesicles, but instead of applying this fluid to the surface of the skin, we injected it intravenously.

The technic was as follows:

In each instance only vesicles and not pustules were made use of the surfaces were very gently washed with sterile salt solution and the contents allowed to ascend into capillary tubes.

As much as possible of the clear fluid was obtained and was immediately mixed with sterile normal salt solution.

This diluted virus was diluted still further with salt solution before it was injected.

The dosage was entirely empirical; 3\4 inch of fluid, as measured in the capillary tube, was used in each instance.

In all, 38 children, about 3 or 4 years of age, were vaccinated intravenously after this method. None of the children developed any local or general signs of any eruption suggestive of varicella following the injection.

They were all, in the course of the epidemic, unavoidably in contact with one or more cases of chickenpox, but in spite of this proximity only 1 developed the disease; this one 36 days after the date of inoculation.

It would seem that most viruses are able to bring about their specific diseases only when they are introduced in their natural paths, or rather, that if they are introduced by other routes, an excessive amount of virus is required to produce a specific reaction.

Varicella, a disease of the lymphatic system, does not enter the body by means of the blood stream and its virus has not acquired the property of invading the human organism by this path.

Camus found, in his experiments on smallpox, that it required a very much larger amount of variola virus to produce this disease in rabbits when the intravenous, instead of the cutaneous, method was employed, and recently Noguchi noted a similar phenomenon in experimenting with his testicular virus.

The latter reports that in order to produce an eruption one thousand times more virus had to be introduced by way of the blood stream than when applied on the skin.

In view of the fact that the vesicular lymph, which is known to contain the varicella virus, did not induce the slightest disorder when applied in this way, it was evident that no disturbance was to be apprehended from a similar use of nasal mucus.

It will be seen from the table, however, that the number of these cases which came into intimate contact with the varicella were too few to allow us to judge of the success of these attempts at vaccination." - in "A Protective Therapy for Varicella, and a Consideration of Its Pathogenesis", Am. Jour. Dis. Children, 1918.

The Measles Virus Farce

"Measles is caused by a single-stranded, enveloped RNA virus with 1 serotype. It is classified as a member of the genus Morbillivirus in the Paramyxoviridae family." - in "Measles", 5 November 2020.

"The virus was identified in 1954 by Thomas Peebles and John Enders." - in "History of Measles", Presse Med., September 2022.

"Experiments upon the transmission of measles to lower animals have been carried out extensively with monkeys, principally those of the genus macacus, the injections having been made with blood and mucous secretions of measles patients.

Anderson and Goldberger employed 3 species of monkeys, using in all, more than 100 animals.

Apparently these 3 species were equally satisfactory, though **the symptoms were very mild and many individual animals failed to react.**

Anderson and Goldberger also inoculated monkeys with mucous secretions of measles patients.

Two monkeys inoculated on the mucous membrane with material taken 25 hours after the rash appeared, **developed no symptoms.**

Transmission to man - It has already been emphasized that the existence of the virus of measles in the circulating blood of a patient does not necessarily presuppose that the injection of such blood in a susceptible person would produce an infection.

My own work on the inoculation of volunteers with blood of measles patients has given only negative results, indicating that the injection of a patient's blood will not regularly and constantly reproduce the disease in individuals who are apparently susceptible.

Susceptibility of monkeys - Experimentally, one of the most important factors in the study of measles is the question of the susceptibility of monkeys.

This histologic picture is not pathognomonic.

We have, therefore, no convincing proof of the susceptibility of monkeys. Although my own attempts to infect monkeys have been disappointing.

Of the cardinal problems yet to be solved in measles we may mention:

1. The demonstration of the causative microorganism,

2. Its cultivation,

3. The infection of lower animals in such a manner as to provide a reliable and practical method for the recognition of the virus." - A. W. Sellards, Harvard Medical School, in "A Review of the Investigations Concerning the Etiology of Measles", Medicine, May 1924.

The Measles Virus Contagion Farce

"Judging from the following quotation Erasmus Darwin was either not familiar or not favourably impressed with Home's work:

> *"It is probable that inoculation might disarm the measles as much as the small pox, by preventing the catarrh, and frequent pulmonary inflammation, which attends this disease; both of which are probably the consequence of the immediate application of the contagious miasmata to these membranes.*
> ***Some attempts have been made, but a difficulty seems to arise in giving the disease;*** *the blood, I conjecture, would not infect, nor the tears; perhaps the mucous discharge from the nostrils might succeed; or a drop of warm water put on the eruptions, and scraped off again with the edge of a lancet; or if moistened with a little warm water? Further experiments of this kind would be worthy the public attention."*

Robert Thomas says that notwithstanding Home's success:

> ***"Inoculation for the measles is seldom or never practiced. The few who have been induced to attempt it, have not, I believe, made quite so favourable a report of it; on the contrary, it has been said to produce an aggravated disease."***

And Ronalds writes that Home's plan **"has been adopted since his time upon a small scale apparently without furnishing the desired results."** Themmen in particular calls attention to the possible danger of unrestricted inoculation of measles if the inoculation really transfers the disease; **indeed Girtanner is said to have warned against inoculation because it was sometimes followed by serious pulmonary and other affections.**

The conveyance of measles by the blood they consider as remarkable, to say the least, in view of the fact that Hoffmann had found that **in small pox the blood was not infectious.**

The wholly negative results of Themmen's own experiments.

He placed blood of measles patients, taken at the height of the exanthema upon small wounds on the arms of 2 children; cotton saturated with the tears of a measles patient upon a ruptured vesicle on the arm of an infant; in another case a similar experiment was made with cotton soaked in the perspiration of a patient thickly covered with the eruption of measles; and in the 5th experiment he placed cotton soaked in the tears of a patient with measles upon the intact skin of each arm of a girl.

"Though all these things were performed cautiously and in accordance with the precepts of the authorities, yet we saw no effects therefrom, and these 5 children, although they had not previously been attacked with measles, **remained entirely free from this disease"**, says Themmen, who acknowledges, however, that the children were apparently not very susceptible to measles because **they all lived in houses in which measles was prevalent and yet remained free from the disease.**

Themmen quotes Cullen (Anfangsgr, der Pract. Arzneyk, Leipz., 1789, 2, p.94) as having "declared in his lectures that the effects of inoculation were dubious, since, out of 12 infants, only 1 was afflicted with measles when inoculation was performed, and concerning this one it was by no means evident at the time, whether the measles which came upon him were really to be ascribed to inoculation, or rather to contagion received somewhere else.

Willan (On Cutaneous Diseases, 1809, 1, p.106, footnote), inoculated 3 children with the fluid of miliary vesicles in measles but without success.

And Chapman in Philadelphia in 1801 (MS. lectures cited by Dewes, "A Treatise on the Physical and Medical Treatment of Children", 1858), **tried in vain to inoculate measles by means of blood, tears, "the mucus of the**

nostrils and bronchia, the eruptive matter in the cuticle, properly moistened."

On this account Dewes thought that the contagious nature of measles could be fairly disputed." - in "Experimental Measles", The Journal of Infectious Diseases, 1 March 1905.

The British Epidemicists

"Puerperal fever is not a contagious disease.

By contagious disease we understand the sort of disease which itself produces the contagion by which it is propagated, and this contagion again produces in another individual the same disease.

Puerperal fever is not a contagious disease, but puerperal fever is conveyable from a sick to a sound puerpera by means of decomposed animal organic material.

As Simpson of Edinburgh said:

> *"Continental accoucheurs generally did not understand exactly the kind or description of evidence upon which British practitioners founded their belief in the contagious communicability of puerperal fever.*
> *Some of the Continental writers seem to imagine that British obstetricians believe that puerperal fever was usually propagated directly from one patient to another; and not seeing this, they imagine from this fact that they had a disproof of the opinion of the contagious communicability of the disease."*

Did Semmelweis really fail to understand the British view of contagion, or didhe choose to misrepresent them?

It could have been either, but Semmelweis's ability to ignore inconvenient facts was also shown by his **insistence that epidemics of puerperal fever were a myth.**

There never had been any epidemics of puerperal fever, he said, **because epidemics were invariably due to**

atmospheric, cosmic, or telluric influences and he had shown that puerperal fever was never influenced by such factors.

Semmelweis scorned all who disagreed **(especially the British), labelling them as "The Epidemicists."** - in "The Tragedy of Childbed Fever The Tragedy of Childbed Fever", 2000.

The Jumping Between Species Farce

Robert Koch is the father of Germ Theory:

> ***"Robert Koch, notable address before the Congress in London in 1901, in which he maintained that man, is not infected with bovine tubercle bacilli, which are of another species than the bacilli in man."*** *- in "Studies in the Frequency, Localization, and Modes of Dissemination of Tuberculosis, With Special Reference to its Occurrence in The Lymph Nodes and During Childhood", The Journal of Infectious Diseases, 1 March 1905.*

"Smith should be credited with being one of the first to observe differences between human and bovine tubercle bacilli.

In 1895, Smith visited Koch in Europe and described his findings.

By 1901, Koch had concluded that there was a difference between the bovine and human tubercle bacilli, but that there was little danger of transmission of the bovine bacillus to man.

Koch reported these findings at the 1901 Tuberculosis Congress in London, absent credit to Smith." - in "Bovine tuberculosis and the establishment of an eradication program in the United States: role of veterinarians", Vet. Med. Int., 17 May 2011.

The Dengue Virus Farce

"Having been instructed by the surgeon-general of the army investigate the cause of dengue and to determine the possibility the transmission of the disease by mosquitoes, we undertook the experiments detailed below when the opportunity was afforded by occurrence of the disease in epidemic form at Fort William McKinley, Rizal, Luzon, P. I., Manila.

At this post, during the months of July, August, September, and October, there occurred over 800 cases of dengue, 128 of which were transferred to our dengue hospital in Manila for observation and experiment.

For reasons which have been stated, of the 9 men exposed to the bites of infected mosquitoes, only 4 can be considered in estimating the results obtained.

Of these 4, 1 developed a typical attack of dengue following the bites of infected mosquitoes; but we do not consider that the 3 negative cases are of much value, as the conditions were such as to cause some doubt as to whether the men were bitten by the mosquitoes.

It is obvious that many factors have to be considered in making mosquito transmission experiments, and it is more than probable that in our negative experiments we were unsuccessful in reproducing the favourable conditions which must have been present in Experiment II, or the mosquitoes, if they became infected, may have perished before biting again.

Schaudinn has called attention to some of the difficulties which may be met with in attempting the experimental transmission of disease by mosquitoes.

We have dissected and examined a large number of mosquitoes that had bitten dengue cases, but we have never found any organism in the stomach or tissues suggestive of a stage in the life cycle protozoon.

We cannot confirm Graham's results in this respect, and we believe that in the mosquito, as well as in the blood of infected man, the dengue parasite is ultramicroscopic in size.

By reason of lack of suitable volunteers and the subsidence of epidemic, we have been forced to bring our mosquito experiments conclusion for the present.

We have been unable to investigate interesting questions regarding the transmission of dengue by mosquito.

We realize that the work that have been able to do as regards mosquito transmission is very incomplete and that a very great deal remains to be done before this feature of the etiology of dengue is fully elucidated.

Contagion in Dengue Fever

We have carefully studied this portion of our subject because its great practical importance, and believe that the following conclusively prove that dengue is not contagious in the least degree.

At the hospital at Fort William McKinley over 600 cases of dengue were treated in the general wards without a case originating among the other patients in the same wards, 4 men belonging to the Hospital Corps on duty at this hospital contracted the disease, 3 of them being night nurses on the wards and the other a cook having no contact with the patients.

No precautions were used to prevent contagion than the rigid use of mosquito-bars at night, the dengue and patients eating together, and being closely associated throughout the day.

It is noteworthy that the only men unprotected bars at night, i.e., the 3 night nurses, all developed the disease.

In our dengue hospital, where we treated over 120 cases of the disease, no instance of infection occurred among the attendants, although their association with the dengue patients was very intimate and continued for over 4 months.

Our experiments with fomites were all negative.

We endeavoured to produce the disease by the exposure of healthy men to fomites, the men experimented with living in mosquito-proof tents with patients suffering

from dengue, throughout the entire course of the disease.

These men slept in the dengue patients' beds, wore their underclothes and pyjamas, and ate and drank from the same table furniture, but in no instance did any of the men develop dengue.

In this way we experimented with 8 men, in some instances the exposure lasting for as long as 2 to 3 weeks.

We conclude, therefore, that dengue is not a contagious disease, and that patients suffering from it may be placed in the general wards of a hospital without fear of spreading the infection, provided precautions are taken to protect the patients from mosquitoes.

From our examinations of the blood in dengue consider that the following conclusions are justified:

There does not occur in the blood of dengue any visible organism, either bacterial or protozoal in nature, which can be considered as the cause of the disease.

Blood Cultures

With the exception of McLaughlin's researches which have mentioned, and which, so far as culture methods were almost valueless, we have not been able to find in the literature any detailed descriptions of experiments having for their object the cultivation of bacteria or protozoa from the blood of dengue patients." - in "Experimental Investigations Regarding the Etiology of Dengue Fever", The Journal of Infectious Diseases, 15 June 1907.

"It is suggested that the causative agent is a small diplococcus or a delicate bipolar staining bacillus closely resembling Pfeiffer's organism. It is probably transmitted by the respiratory tract, and ***its virulence is much increased by the presence of the essential meteorologic factors and by overcrowding."*** *- in "Dengue in the Isthmian Canal Zone: Including a Report on the Laboratory Findings", JAMA, 21 January 1905.*

Ramping The Vaccination Campaigns of 2019

"While the establishment is currently ramping up their vaccination propaganda and various social media platforms are beginning to censor anti-vaccination information, stories keep appearing online of children suffering the consequences of being Poisoned by Vaccines." - in "Vaccination is Ineffective and Dangerous", Kareldonk, 8 March 2019.

Dengue Vaccine

"Rarely, Dengue can be severe and lead to death." *- in "Dengue and severe dengue", WHO, 17 March 2023.*

"The U.S. Food and Drug Administration (FDA), just approved one of the most sought after Vaccines in recent decades.

The Vaccine, called Dengvaxia.

The Vaccine seemed to increase the risk of a deadly complication called plasma leakage syndrome, in which blood vessels start to leak the yellow fluid of the blood.

Despite these concerns, in July 2016, the World Health Organization (WHO), went ahead and recommended the Vaccine for all children ages 9 to 16." - in "Rush To Produce, Sell Vaccine Put Kids In Philippines At Risk", NPR, 3 May 2019.

Philippines Rejects Dengue Vaccine

"Manila banned the sale, import and distribution of the Dengvaxia Vaccine following the deaths of several dozen children who were among more than 700,000 people given shots in 2016 and 2017 in a government immunization campaign." - in "Philippines Rejects Dengue Vaccine as Outbreak Leaves Hundreds Dead", VOA, 6 August 2019.

"At $57.5 million for procurement alone, the Dengvaxia campaign would cost more than the entire national Vaccination program for 2015. Among Asian children 2 to 5 years old, those who had received the Vaccine were 7 times more likely than Unvaccinated children to have been hospitalized for serious dengue in the third year after Vaccination. The World Health Organization (WHO), which provides guidance to countries on immunization policy, stated in a briefing paper on Dengvaxia that the hospitalizations of young Vaccinated children, when observed over several years, were not statistically significant.
Dengue Vaccination program began in April 2016.
Days later came the first report of a postvaccination fatality, of a boy with congenital heart disease.
The Philippines halted the vaccination program that December even as parents and the press responded with fury, recriminations and further reports of children's deaths." *- in "How the World's First Dengue Vaccination Drive Ended in Disaster", Scientific American, 1 April 2019.*

"The Department of Health (Philippines) suspended the dengue Vaccination program in 2017 after Sanofi Pasteur issued an advisory that the Vaccine could cause more severe cases of dengue if given to a person who had not been previously infected by the virus." - in "Garin, ex-DOH officials charged over Dengvaxia Vaccine", Rappler Philippine News, 25 October 2023.

Dengue Vaccine Leads to Criminal Charges

"A prominent pediatrician and medical researcher in the Philippines has been indicted over the failed introduction of Dengvaxia, a vaccine against dengue that was yanked from the Philippine market in 2017 because of safety issues. *If convicted of accusations leveled at her by the national Department of Justice, the former Head of the Dengue Department of the* ***Research Institute for Tropical Medicine, could face up to 48 years in prison."*** *- in "Dengue Vaccine fiasco leads to Criminal Charges for Researcher in the Philippines", Science, 24 April 2019.*

"In 2016, WHO recommended that the Dengue Vaccine CYD-TDV (Dengvaxia), the first dengue Vaccine, licensed for use in adults and children aged 9 years or older.

In November 2017, an excess risk of hospitalisation for dengue and severe dengue in Vaccinees who had not had a previous dengue infection at the time of Vaccination was reported." - Annelies Wilder-Smith, serves as a consultant to **WHO, Peter G Smith,** reports personal fees from **Sanofi Pasteur** and Takeda, was member of the **WHO SAGE** Working Group on dengue vaccines, **Stefan Flasche, was member of the WHO SAGE Working Group on Dengue Vaccines, in "Vaccine-attributable severe dengue in the Philippines",** The Lancet, 14 December 2019.

"The U.S. Centers for Disease Control and Prevention (CDC), officially opened this month a new country office in Manila as part of its commitment to strengthen and expand its existing cooperation with the Philippine Department of Health (DOH) to advance a broad range of shared health priorities, including increased health security in Asia.

The DOH and the U.S. Department of Health and Human Services (HHS), also commemorated the signing of a Memorandum of Understanding on Health and Medical Sciences focused on increasing collaboration between the United States and the Philippines on public health emergency preparedness and response; the prevention and control of Vaccine-preventable and communicable diseases; and the prevention and control of non-communicable diseases." - in "CDC Opens New Country Office in the Philippines", US Embassy in the Philippines, 23 May 2022.

The Dangers of Vaccination

"Several students of the Lochaber Primary School in West Canje, East Berbice-Corentyne, had to be rushed for medical attention at the New Amsterdam Hospital after receiving Vaccines at the school.

The Vaccines were administered on Tuesday last and by the next day, several pupils had to be rushed to the New Amsterdam Hospital.

Several worried parents reached out to this publication and complained that they were not informed of any Vaccination programme.

According to Author, she was told that the nurse insisted that the pupils be administered the Vaccine even if the parents objected.

Author said she contacted the Education Ministry in Georgetown and received an apology from the Department of Education in Berbice.

Another mother, Candace Sulkar, mother of one, told this publication that her daughter suffered a similar fate after receiving the Vaccine.

"She said, 'Mommy! Some nurse come in to the school and they bore me"." - in "Several students rushed for medical attention after receiving Vaccines in school", Guyana Times, 3 March 2019.

"In the middle of the period in which tens of millions of people worldwide were Vaccinated against swine flu with the **Pandemrix Vaccine, pharmaceutical company GSK withheld information about a remarkably large number of serious side effects.**

The side effects included almost 150 cases of Anaphylactic Shock, a very serious allergic reaction.

There were also dozens of deaths.

The journal reports that at the end of November 2009 more than 1,100 reports of serious side effects of Pandemrix had already been received by manufacturer GSK.

For every million Vaccinations, 76 serious side effects occurred during that first Vaccination period.

That was more than 11 times as many as for Arepanrix, a virtually identical, different pandemic influenza Vaccine from GSK that has been widely used elsewhere in the world.

In the following months, too, the number of **Serious Side Effects from Pandemrix remained much higher than from the other GSK Vaccine.**

The information comes from GSK's Internal Documents released in a US lawsuit against the Pharmaceutical Company and the Irish health authorities.

According to the BMJ, they would have been aware of Pandemrix's safety problems but nevertheless continued the Vaccination campaign." - in "Informatie over bijwerkingen Mexicaanse griep-vaccin achtergehouden", NOS, 21 September 2018.

Paralysed After Polio Vaccine

"The World Health Organization (WHO), says a new polio outbreak in Sudan is linked to an ongoing Vaccine-sparked epidemic in Chad, a week after the U.N. health agency declared the African continent free of the wild polio virus.

WHO said 2 children in Sudan were paralyzed in March and April 2020.

Both had been recently Vaccinated against polio.

WHO said initial outbreak investigations show the cases are linked to an ongoing Vaccine-derived outbreak in Chad that was first detected last year and is now spreading in Chad and Cameroon.

WHO said it had found 11 additional Vaccine-derived polio cases in Sudan." - in "UN says new polio outbreak in Sudan caused by oral Vaccine." AP, 2 September 2020.

"In a world where advocates for Vaccine safety are increasingly persecuted, new data corroborated by the World Health Organization (WHO), has confirmed that more children are being paralyzed by the polio Vaccine than the original virus.
Their solution?
More vaccines.
Roughly a dozen African nations have now confirmed polio cases caused by the vaccine.

Several Asian nations have also been affected by vaccine-derived viruses, including the Philippines, Myanmar, China, Afghanistan, and Pakistan. In November, Pakistani officials were accused of covering up an outbreak of type-2 poliovirus. All of these cases have resulted in the paralysis of children under 5. Sources say that the P2 virus came from the Vaccine, not the wild virus." *- in "More Polio Caused by Vaccine Than Wild Virus – WHO Confirms", 2 March 2020.*

Singapore Suspends Using Flu Vaccines After 48 patients Die In South Korea

"Singapore has temporarily halted the use of 2 Influenza Vaccines as a precaution after some people who received them in South Korea died, becoming among the first countries to publicly announce a halt of the Vaccines' use. South Korea reported that 48 have died as of Saturday after getting Flu Shots. The decision to halt the use of SKYCellflu Quadrivalent and VaxigripTetra was precautionary, the health ministry and the Health Sciences Authority (HAS) said in a statement." - in "Singapore suspends using two Flu Vaccines after 48 patients die in South Korea", South China Morning Post, 26 October 2020.

Flu Vaccine Farce

"The Flu Vaccine Has Never Worked.

The Governments and the Health Officials have been Lying to the People.

Anyone who's followed the literature knows that the Vaccines against Flu Have Never Worked." - Sucharit Bhakdi, Professor Emeritus of Medical Microbiology & Immunology, Former Chair of the Institute of Medical Microbiology & Hygiene, Johannes Gutenberg University of Mainz, in interview with Andrija Klaric, 24 June 2024.

The So-Called "Viruses" Prefer Temperate Regions And Only Act in The Beginning & End of The Winter Season

"Most countries using influenza Vaccines are in temperate regions.

There are gaps in influenza vaccine availability between expiry of one Influenza Vaccine formulation and availability of the updated formulation for the same hemisphere.

These gaps are of little consequence in temperate countries with predictable winter influenza seasons, but many tropical countries have influenza seasonality that coincides with the Vaccine availability gaps.

While alternating use between northern and southern hemisphere formulations may allow a country to avoid availability gaps, it introduces additional challenges for Vaccine procurement, distribution, stock management, and waste removal." - in "WHO preferred product characteristics for Next Generation Influenza Vaccines", WHO, 2017.

The United Nations Foundation

"Instead of recommending cleanliness to the poor, we should encourage contrary habits. In our towns we should make the streets narrower, crowd more people into the houses, and court the return of the plague. In the country, we should build our villages near stagnant pools, and particularly encourage settlements in all marshy and unwholesome situations.
But above all, we should reprobate specific remedies for ravaging diseases; and those benevolent, but much mistaken men, who have thought they were doing a service to mankind by projecting schemes for the total extirpation of particular disorders." *- Thomas Robert Malthus, in "An Essay on the Principle of Population", 1826.*

"A total population of 250-300 Million people, a 95% decline from present levels, would be ideal." *- Ted Turner, Founder of CNN, and major UN donor, in Interview in "Audubon Magazine", 1996.*

"Delivering $1 Billion for UN causes is the best investment I've ever made." *- Ted Turner, in "Why I Gave $1 Billion to Support the UN", United Nations Foundation, 18 September 2017.*

"Ted Turner, Founder and Chair of the UN Foundation Board of Directors; Founder of CNN.

Ted Turner founded the UN Foundation in 1998 because he believed **the United Nations is indispensable to tackling humanity's greatest challenges** and driving global progress.

The same belief guides us today.

We act as a strategic partner to help the UN mobilize the ideas, people, and resources it needs to deliver, and grow a diverse and durable constituency for collective action.

We focus on issues at the heart of the Sustainable Development Goals.

The UN Foundation was founded in 1998 by entrepreneur and philanthropist Ted Turner to support the UN and serve as **a strategic partner and resource for the UN in solving global problems.**

Ted's goals in establishing the Foundation were to demonstrate the value of investing in the UN, encourage new partners to work with the UN, and promote strong U.S. leadership at the UN.

In our first 20 years, **the Foundation mobilized over $2 Billion, numerous initiatives, and countless partners to support the UN and UN causes.**

This support helped the UN pioneer work in areas we all now take for granted, from supporting elections to the rights of adolescent girls to our shared interest in a clean energy future for all. Today, the Foundation focuses on mobilizing ideas, people, and resources **to help the UN tackle some of the greatest collective action challenges of our time,**

including scaled collaboration to achieve the Sustainable Development Goals and the promise of the Paris Agreement on climate change." - in "United Nations Foundation", April 2024.

*"That direful scourge, the **Asiatic cholera, is reported to be on its march westward, and the Newspaper press is beginning to warn local authorities of their duty with respect to the enforcement of proper precautionary measures.***
It is only when some Epidemic rages, that matters affecting public health excite general attention.
*Then, indeed, **our municipalities seem keenly alive to the emergency; committees are appointed and elaborate reports prepared, public meetings are held, flowing speeches made, and promising resolutions passed by acclamation.***
Parliament even catches the sanitary fervour, and Bills are hastily drawn up, and as hastily placed, as Acts, on the statute-book — in short, a virtuous, patriotic sense of duty appears to have seized the nation at large.
*But **a sense of duty that is created only by a panic**, is not likely to be permanent, and seldom, indeed, survives the cause that vivified it.*
Hence, we always find that, however earnestly sanitary measures may be discussed during the prevalence of an epidemic panic, interest in them gradually fades away as the panic subsides, and the measures enacted are suffered to remain, for the most part, a dead letter.
Thus, at the present moment, in how very few cities and towns in Ireland or Great Britain, do the great mass of the people enjoy the advantages of those prime essentials of healthful existence — pure water to drink, and pure air to breathe in their habitations? Then how shamefully imperfect is our general drain, age, without which a proper sanitary condition is impossible." - in "Dublin University Magazine", 1873.

Chapter 13

Where Is The Virus

Come, now, let us reason together!

A Virus Is A Fictitious Man Made Mental Theoretical Construct

Viruses don't exist in Nature, for neither have they ever been shown to exist, nor is the present-day technology able to see such, and even less is capable to differentiate between that which is not capable to see.

Thus, so-called virus Theory of the Medical Trade, remains a Fictitious Man Made Mental Theoretical Construct, which its idea, aimed at causing fear, and to mislead the population into needles Medical & Pharmaceutical Tests and Treatments, to protect man from a fictitious agent, that has never been seen, nor has anyone been able to isolate it from nature.

A Virus Here, A Virus There: PCR Amplification & Sequencing

"Viruses entered the picture in 1989, when Bergh et al. used transmission electron microscopy to show that there are ~10 Million virus-like particles per ml of seawater.

Culture-independent studies of viral diversity.

Conserved gene studies of viral diversity.

Studies of specific microbial species in the environment were severely limited by culturing bias until Pace et al. introduced 16S rDNA analyses.

Using PCR amplification and sequencing of the 16S rDNA locus.

Metagenomic studies of viral diversity.

Studies employing conserved genes do not enable the discovery of completely novel groups of viruses.

To assess total dsDNA viral diversity, Breitbart et al.

Partially sequenced shotgun libraries from uncultured viral communities isolated from seawater, marine sediment and human fecal matter. In the Bank model, only the most abundant viruses are active.

The rest of the viruses are inactive.

Standard diversity indices based on mathematical models of metagenomic data predict that the viruses found in only 1 kg of nearshore marine surface sediment are more diverse than all the reptiles known on the planet.

Although local viral diversity is extremely high, viruses appear to be moving between environments, which constrains total global viral diversity and provides a conduit for horizontal gene transfer.

Mathematical modeling from metagenomic data suggests that most viral

genotypes are relatively rare, serving as a 'Bank' of viruses that can become abundant when their hosts become dominant (e.g. in response to changing environmental conditions).

More than simply **providing sequence data, metagenomic analyses** can offer insights into biogeographical distributions, community structure and ecological dynamics.

In addition, the crucial genes for microbial adaptation to a given environment are likely to be moved by phages and can therefore be identified by analyzing the **genomic content** of viral communities.

Continued **metagenomic studies** of viral communities will enable the estimation of global viral diversity, as well as a deeper understanding of the impact of horizontal gene transfer on microbial diversity and evolution." - in "Here a virus, there a virus, everywhere the same virus?", TRENDS in Microbiology, June 2005.

Health Service Executive (Ireland), No Record of the Virus

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

hpsc

23rd December 2020

Following consultation with my colleagues, both from the scientific and medical areas of HPSC can confirm that we would hold no records in relation to your request. These are the reasonable steps I have taken to ascertain the whereabouts or existence of such records and unfortunately I must inform you that having undertaken these searches we were unable to locate the records in question. I am satisfied that all reasonable steps have taken to locate the records you have requested and must refuse therefore your request under Section 15.1(a) of the FOI Act 2014.

Yours sincerely,

Sinead Roche
FOI Decision Maker

APPENDIX [Note: highlighting in original from HSE]

Refusal on administrative grounds to grant FOI requests

15. (1) A head to whom an FOI request is made may refuse to grant the request where—
(a) the record concerned does not exist or cannot be found after all reasonable steps to ascertain its whereabouts have been taken.

"Following my [HSE decision maker] consultation with my colleagues, both from the scientific and medical areas of HPSC, [I] can confirm that **we would hold no records in relation to your request.**

These are the reasonable steps I have to taken to **ascertain the whereabouts or existence of such records and unfortunately I must inform you that having undertaken these searches, we were unable to locate the records in question.**

A head to whom an FOI request is made may refuse to grant the request where – (a) **the record concerned does not exist or cannot be found** after all reasonable steps to ascertain its whereabouts have been taken." - in "HSE", Letter, 23 December 2020.

Viruses Don't Exist

Scientists are realising that claims of the so-called Covid-19 "Virus" having been "isolated", and "proven to exist", are based on half-baked, made-up definition of "Virus-isolation."

Dr Saeed Qureshi PhD, Former Senior Scientist in Health Canada, calls out the "Virus Isolation" Fraud, on his blog Drug-Dissolution-Testing.com:

"During a discussion on LinkedIn with a microbiologist, I came to know how they described virus isolation, which is as follows;

> *"A virus isolate is a virus isolated from an infected host. The process is called "isolation", which separates viruses from the hosts."*

It means that for microbiologists and virologists, taking a swab sample, which separates virus from the host, is considered as "virus isolation."

This interpretation does not reflect the correct meaning and understanding of the subject of isolation.

But, they imply and promote the true meaning of the process of isolation, i.e., to obtain something by extraction, purification, and identification, reflected by well-known pretty pictures of the DNA/RNA, proteins, and viruses such as a spherical body with spikes (AKA coronavirus).

The virologists' version of the definition is incorrect and causing the problem. Wherever one looks for the virus, one always finds a suffix with it, e.g., "virus isolate," "virus culture," "virus lysate," etc., (which are soups, mixtures or gunks), never "virus" alone; however, it is presented and promoted as pure "virus."

The made-up definition of "virus-isolation" makes the story of the SARS-CoV-2 virus, its infection, and pandemic very clear, i.e., nothing is real about them, but all are fake. No one has seen the virus, found it, or isolated it as claimed. It is all bogus.

People might ask, then what about the PCR tests, DNA/RNA sequences, protein structures, etc.?

They are all reflections of ignorantly using highly sophisticated and costly chemistry equipment, to make people believe science is being followed. However, nothing is real or relates to the "virus."

The pure "virus" has never been isolated, one cannot have reference standards and calibrators; hence all the claimed experimentation becomes scientifically null and void, reflecting a fraud.

These are standard and must requirement, referred to as validation, for product assessment by the authorities, such as FDA and USP.

It is impossible to get products approved for marketing without this validation step. Currently, for the SARS-CoV-2 assessment, the work starts with the assumption that it exists. Without validating the techniques, some experiments are being conducted following ritualistic steps (SOPs) to generate "data" and pretty pictures to show that it exists. It is hard to believe that such deceptive practices can occur in modern-day science and escape authorities' scrutiny and audit. **Like the virus's assumed existence, it is further assumed that the associated disease (COVID-19) exists, is contagious, spreading uncontrollably, and potentially people are dying or will die in large numbers. There is no available scientific evidence to support these claims except counting the false-positive test results, obtained mostly from the non-validated and false, PCR test. It is important to note that there is no scientific evidence showing that "SARS-CoV-2" is causing the illness. It cannot be shown because the virus (SARS-CoV-2) is neither available nor exists.**

Hence, its link to the disease cannot be established.

As the virus does not exist, Vaccine administration and development become irrelevant; hence, they need to discontinue." - Dr Saeed A. Qureshi, Ph.D., Principal of Pharmacomechanics, Ontario, Canada, in "COVID-19: The virus does not exist - it is confirmed!", Principia Scientific International, 4 January 2021.

19 February 2021
No Virus Can Be Found

"No confirmation of "virus" existence can be found:

1. The structure and composition of something not shown to exist can't be known, including the presence, structure, and function of any hypothetical spike or other proteins;

2. The genetic sequence **of something that has never been found can't be known;**

3. "Variants" **of something that hasn't been shown to exist can't be known;**

4. It's impossible to demonstrate that SARS-CoV-2 causes a disease called Covid-19.

Since 1954, virologists have taken unpurified samples from a relatively few people, often less than 10, with a similar disease.

They then minimally process this sample and inoculate this unpurified sample onto tissue culture containing usually 4 to 6 other types of material — all of which contain identical genetic material as to what is called a "virus."

The tissue culture is starved, and poisoned, and naturally disintegrates into many types of particles, some of which contain genetic material.

Against all common sense of the English language this process is called "Virus Isolation."

This brew containing fragments of genetic material from many sources, is then subjected to genetic analysis, which then creates in a computer-simulation process the alleged sequence of the alleged virus, a so called in silico genome.

At no time is an actual virus confirmed by electron microscopy.

At no time is a genome extracted and sequenced from an actual virus. This is scientific fraud.

The observation that the unpurified specimen — inoculated onto tissue culture along with toxic antibiotics,

bovine fetal tissue, amniotic fluid and other tissues — destroys the kidney tissue onto which it is inoculated is given as evidence of the virus' existence and pathogenicity.

When anyone gives you a paper that suggests a virus has been isolated, please check the methods sections.

If the researchers used Vero cells or any other culture method, you know that their process was not isolation.

You will hear the following excuses for why actual isolation isn't done:

1. There were not enough virus particles found in samples from patients to analyze.

2. Viruses are intracellular parasites; they can't be found outside the cell in this manner." - Dr Tom Cowan, MD, Dr Andrew Kaufman, in "Statement On Virus Isolation", 19 February 2021.

7 March 2023
No Virus Isolates Were Available For CDC

"Limit of Detection studies determine the lowest detectable concentration of 2019-nCoV at which approximately 95% of all (true positive) replicates test positive.

The LoD was determined by limiting dilution studies using characterized samples.

The analytical sensitivity of the rRT-PCR assays contained in the CDC 2019 Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel were determined in Limit of Detection studies.

Since no quantified virus isolates of the 2019-nCoV were available for CDC use at the time the test was developed and this study conducted, assays designed for detection of the 2019-nCoV RNA were tested with characterized stocks of in vitro transcribed full length RNA (N gene; GenBank accession: MN908947.2) of known titer (RNA copies/µL) spiked into a diluent consisting of a suspension of human A549 cells and viral transport medium (VTM) to mimic clinical specimen.

Samples were extracted using the QIAGEN EZ1 Advanced XL instrument and EZ1 DSP Virus Kit (Cat# 62724) and manually with the QIAGEN DSP Viral RNA Mini Kit (Cat# 61904).

Real-Time RT-PCR assays were performed using the Thermo Fisher Scientific TaqPath™ 1-Step RT-qPCR Master Mix, CG (Cat# A15299) on the Applied Biosystems™ 7500 Fast Dx Real-Time PCR Instrument according to the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel instructions for use." - in "CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel", CDC-006-00019, Revision: 08, CDC/DDID/NCIRD/, Division of Viral Diseases Effective: 03/07/2023.

Chapter 14

August 2020

The Stunning Predictions of RFK, Came True Exactly As He Said

"Everybody thinks when they hear you are going to stay locked-down till there's a Vaccine, and as Bill Gates said "Magical Vaccine."

> ***"Vaccines are magic they can save lives."*** *- Bill Gates in "Fergus Walsh", BBC, 13 June 2011.*

They are thinking that all the Vaccines going to do what we've been told Vaccines do.

Which is to give everybody who gets one lifetime immunity, and no major health problems.

What are the chance they're actually going to get a Vaccine like, I would say zero.

Here's What I Predict:

You're going to be seeing Bill Gates, and Tony Fauci week after week dampening expectations about the Vaccine.

They were originally saying "It's a Magical Vaccine, we're going to give to everybody, and everybody is going to be immune.

And they are going to say: "Well actually only 80% of people will get immunity", and they'll say: "70%", and they'll say "50%", and then they'll say "20%, but it's still worth it to have 20%", and they'll try to sell us on that.

Then they will start to say, well the Vaccine it's not actually lifetime immunity, it immunity only lasts for 1 year, 1 season, and actually maybe not even that, maybe only 2 or 3 months. And then you have to get another one.

And that's my prediction, I could be wrong but I would say zero.

And all you have to do is look at the Flu Vaccine." - Robert F. Kennedy, JR, in "The Life Stylist Podcast", Luke Storey, August 2020.

18 November 2020
95% Effective

*"Breaking news Pharmaceutical Giant Pfizer just announced some moments ago that its Coronavirus **Vaccine is 95% effective.**" - in "CNN", 18 November 2020.*

1 April 2021
91% Effective

"Analysis of 927 confirmed symptomatic cases of COVID-19 demonstrates BNT162b2 is highly effective with **91.3% Vaccine efficacy** observed." - in "Pfizer and BioNTech Confirm High Efficacy and No Serious Safety Concerns Through Up to 6 Months Following Second Dose in Updated Topline Analysis of Landmark COVID-19 Vaccine Study", Pfizer, 1 April 2021.

14 June 2021
90% Effective

*"Powerful new **Covid-19 Vaccine shows 90% efficacy,** could boost world's supply." - in "Science", 14 June 2021.*

30 July 2021
84% Effective

*"Covid-19: Pfizer **Vaccine's efficacy declined from 96% to 84%, four months after second dose**, company reports." - in British Medical Journal, 30 July 2021.*

5 November 2021
80% Effective

"In a randomized clinical trial, where volunteers are randomly given a Vaccine or a placebo, **80% efficacy** means people who got the Vaccine were at 80% lower risk of contracting the disease in question than those in the placebo group (who did not receive the vaccine)." - in "What's the Difference Between Covid-19 Vaccine Efficacy and Effectiveness?", Yale Medicine, 5 November 2021.

10 December 2021
75% Effective

"The analysis is based on limited data, but showed a dramatic drop in effectiveness for the Oxford-AstraZeneca Vaccine and a significant drop off for two doses of Pfizer.

The 75% protection against Covid symptoms after a booster is not as high as against previous variants." - in "Omicron: Three Vaccine doses key for protection against variant", BBC, 10 December 2021.

14 December 2021
70% Effective

***"Two doses of Pfizer offer 70% protection** against hospitalisation." - in "Pfizer shot less effective in South Africa after Omicron emerges, study shows", Reuters, 14 December 2021.*

1 February 2024
54% Effective

"Using federal and pharmacy-reported data sets, the team of CDC scientists compared people's COVID-19 test results to their self-reported vaccination status collected from September 2023 to mid-January 2024.

They found that the new vaccine was about **54% effective at protecting people from symptoms of COVID-19.**" - in "The New COVID-19 Shot Is Surprisingly Effective Against the Latest Variant", Time, 1 February 2024.

29 May 2024
52% Effective

"The Vaccine effectiveness against infection reached a level of 52.2%." *- in "Durability of XBB.1.5 Vaccines against Omicron Subvariants", NEJM, 29 May 2024.*

"Vaccine effectiveness against infection was about **52% after 4 weeks, decreasing to 33% after 10 weeks, and to 20% after 20 weeks**, the New England Journal of Medicine correspondence showed." - in "COVID Shots Could Use Another Update, Study Suggests", MedPage Today, 29 May 2024.

Vaccine Won't Last A Lifetime

"Covid-19 Vaccine shots won't last a lifetime, say experts." *- in "CNBC, TV 18", 30 September 2021.*

Once A Year Vaccination

"We have a new strategy for how to help people get vaccinated.

So, before then, you were thinking about, **you need a 3rd dose, you need a 4th dose,** what are you eligible for, but we're now at a point where we have a much simpler strategy, which is, for a vast majority of Americans, **this is now an annual shot.**

If you're not in a super high risk category, one shot once a year is going to be good enough.

So, whether you have gotten 2 shots, or 3 shots or 4 shots, worry less about that.

Worry and focus on getting that updated shot.

I do want to put the caveat out that there are high-risk individuals **who may end up needing more than once-a-year-vaccination,** but that's going to be a minority.

For a majority of Americans, **it really is going to be about focusing on getting that shot just once a year,** much simpler, much easier to do." - Dr Ashish Jha, MD, White House Covid-19 Response Coordinator, in "White House encourages booster shots as 90% of COVID deaths occur among the elderly", PBS, 30 November 2022.

Combination Vaccine Against Influenza and Covid-19

"With today's positive results from our **combination Vaccine against Flu and COVID-19**, we continue to expand our Phase 3 pipeline", said Stéphane Bancel, Chief Executive Officer of Moderna.

"Flu and COVID-19 represent a significant seasonal burden for individuals, providers, healthcare systems and economies." - in "Moderna Announces Positive Phase 1/2 Data from mRNA-1083, the **Company's Combination Vaccine Against Influenza and COVID-19"**, Moderna, 4 October 2023.

Chapter 15

The Fake Covid-19 "Pandemic"

"It's been about 5 years since we were here, because of some Bullshit Made-Up Pandemic. *Fuck those motherfuckers." - Glenn Danzig, in "No Values Festival", California, 8 June 2024.*

The "Covid-19 Pandemic" As A Big Lie

"Under "Covid-19", Agamben observes, humanity is once again **"entering a phase of its history where truth is being reduced to a moment within the march of falsity"** (2021, p. 48).

According to Knightly (2021), in keeping with the post-1968 context, **"Covid has shown us [that] supposedly enemy nations suddenly come to an accord and demonstrate almost total unity of purpose to spread one big lie."**

"Hitler's notion of the 'grossly impudent lie,'" remark Broudy and Hoop (2021, p. 379), "is especially prescient today", **given the power of organisations such as the Bill and Melinda Gates Foundation to shape Global Health narratives through direct influence on international organisations such as the WHO and the UN, the media, and the policies of many governments.**

Would it be possible to fake a global pandemic given such a configuration of powerful actors?

Indeed, it would, as the fake "swine flu pandemic" of 2009 illustrates (Fumento, 2010; cf. Keil, 2010; Wodarg et al., 2009). **All that is needed is to fudge the meaning of the term "pandemic"** (see Chap. 4) **and to run a cynical PR campaign transnationally, such as the one orchestrated by Marc van Ranst** (see Evidence Not Fear, 2020).

2009 served as a dry run for 2020, when again a "pandemic" was declared which, upon closer examination, turns out to be nothing of the kind (Davis, 2021).

The "Covid-19 pandemic" was, in the view of Kyrie and Broudy (2022a), conjured out of "mass hysteria, malpractice, censorship and juggled data."

In the view of distinguished pathologist Roger Hodkinson in his testimony to Alberta State officials in November 2020, the "Covid-19 pandemic" represents "the greatest hoax ever perpetrated on an unsuspecting public" (cited in Children's Health Defence, 2020).

There is no credible epidemiological sense in which "Covid-19" can be said to have been a viral "pandemic."

In the United States, for example, New York City and certain North-East coastal states witnessed a large spike in mortality between March and June 2020, yet 34 of 48 continental U.S. states did not see any such spike, a feature that is "impossible for a virulent and contagious respiratory disease virus acting in a society free from local aggression or local environmental disaster" (Rancourt et al., 2021, p. 138, Fig. 15).

Meanwhile, all-cause mortality in Canada in 2020 remained normal in relation to the previous decade, begging the question of how **an allegedly virulent and contagious pathogen failed to cross the world's longest international land border between 2 major trading partners** (Rancourt et al., 2021, pp. 125, 128–9).

The spread of the "virus" across EU member states in Q2 and Q3 of 2020 was inconsistent with a viral pandemic.

Engelbrecht and Köhn-lein (2020), for example, observe that neighbouring European countries registered very different "Covid-19" excess mortality rates, e.g. no excess mortality in Germany and Portugal, but noticeable excess mortality in Belgium and Spain.

Those differences were irrespective of the severity of "lockdown" measures, with most of the excess deaths occurring within a 2–3 week period around early April.

Similarly, England has displayed excess mortality since March 2020, according to EuroMOMO data, whereas

Scotland, Wales, and Northern Ireland have not (Kendrick, 2022).

Matters (2020), writing in September 2020, notes that "Covid-19" death rates are negligible for around three quarters of the world's countries, yet accrue predominantly in the USA, UK, and EU member states.

New York City, for instance, had recorded 229,000 "Covid-19" deaths, compared to just 470 such deaths in Singapore.

Why was the "virus" so much more lethal in the West — home to some of the world's best healthcare systems — than in other regions of the world?" - in ""Covid-19," Psychological Operations, and the War for Technocracy", Vol. 1, 2024.

Timeline

This chapter is an expanded Timeline, from the Book "False Prophets of Covid-19".

10 December 1974
The Kissinger Report

"International Organizations and other Multilateral Population Programs.

UN Organization and Specialized Agencies

In the mid-60's the UN member countries slowly began to agree on a greater involvement of the United Nations in population matters. In 1967 the Secretary-General created a Trust Fund to finance work in the population field.

In 1969 the Fund was renamed the United Nations Fund for Population Activities (UNFPA) and placed under the overall supervision of the United Nations Development Program.

During this period, also, the mandates of the Specialized Agencies were modified to permit greater involvement by these agencies in population activities.

Encouraging Private Organizations

The cooperation of private organizations and groups on a national, regional and world-wide level is essential to the success of a comprehensive population strategy.

These groups provide important intellectual contributions and policy support, as well as the delivery of family planning and health services and information.

In some countries, **the private and voluntary organizations are the only means of providing family planning services and materials.**

AID should continue to **provide support to those private U.S. and international organizations** whose work contributes to reducing rapid population growth, and to develop with them, where appropriate, geographic and functional divisions of labor in population assistance.

Provision and Development of Family Planning Services, Information and Technology

In addition to creating the climate for fertility decline, as described in a previous section, **it is essential to provide safe and effective techniques for controlling fertility.**

There are 2 main elements in this task:

(a) improving the effectiveness of the existing means of fertility control and developing new ones; and

(b) developing low-cost systems for the delivery of family planning technologies, information and related services to the 85% of LDC populations not now reached.

Legislation and policies affecting what the U.S. Government does relative to abortion in the above areas is discussed at the end of this section.

Research to Improve Fertility Control Technology

The effort to reduce population growth requires a variety of birth control methods which are safe, effective, inexpensive and attractive to both men and women.

The developing countries in particular need methods which do not require physicians and which are suitable for use in primitive, remote rural areas or urban slums by people with relatively low motivation.

Experiences in family planning have clearly demonstrated the crucial impact of improved technology on fertility control.

None of the currently available methods of fertility control is completely effective and free of adverse reactions and objectionable characteristics.

The ideal of a contraceptive, perfect in all these respects, may never be realized.

A great deal of effort and money will be necessary to improve fertility control methods.

The research to achieve this aim can be divided into 2 categories:

1. Short-term approaches: These include applied and developmental work which is required to perfect further and evaluate the safety and role of methods demonstrated to be effective in family planning programs in the developing countries. Other work is directed toward new methods based on well established knowledge about the physiology of reproduction. Although short term pay-offs are possible, successful development of some methods may take 5 years and up to $15 million for a single method.

2. Long-term approaches: The limited state of-fundamental knowledge of many reproductive processes requires that a strong research effort of a more basic nature be maintained to elucidate these processes and provide leads for contraceptive development research. For example, new knowledge of male reproductive processes is needed

before **research to develop a male "pill" can come to fruition. With expenditures of about $30 million annually, a broad program of basic and applied Big-Medical research on human reproduction and contraceptive development is carried out by the Center for Population Research of the National Institute of Child Health and Human Development. The Agency for International Development annually funds about $5 Million of principally applied research on new means of fertility control suitable for use in developing countries.**

Smaller sums are spent by other agencies of the U.S. Government. Coordination of the federal research effort is facilitated by the activities of the Interagency Committee on Population Research.

This committee prepares an annual listing and analyses of all government supported population research programs.

The listing is published in the Inventory of Federal Population Research.

A variety of studies have been undertaken by non-governmental experts including the U.S. Commission on Population Growth and the American Future. **Most of these studies indicate that the United States effort in population research is insufficient.**

Opinions differ on how much more can be spent wisely and effectively but an additional $25-50 Million annually for Bio-Medical Research constitutes a conservative estimate.

Sterilization of men and women has received widespread acceptance in several areas when a simple, quick, and safe procedure is readily available.

Female sterilization has been improved by technical advances with laparoscopes, culdoscopes, and greatly simplifies abdominal surgical techniques.

Further improvements by the use of tubal clips, transcervical approaches, and simpler techniques can be developed. **For men several current techniques hold promise but require more refinement and evaluation.**

Approx. Increased Cost $6 million annually.

Injectable contraceptives for women which are effective

for 3 months or more and are administered by pare-professionals undoubtedly will be a significant improvement. Currently available methods of this type are limited by their side effects and potential hazards.

There are reasons to believe that these problems can be overcome with additional research.

Approx. Increased Cost: $5 million annually.

Special Footnote:

While the agencies participating in this study have no specific recommendations to propose on abortion the following issues are believed important and should be considered in the context of a global population strategy.

Abortion

Worldwide Abortion Practices

Certain facts about abortion need to be appreciated:

- No country has reduced its population growth without resorting to abortion.

- 30 million pregnancies are estimated to be terminated annually by abortion throughout the world. More precise data indicate about 7% of the world's population live in countries where abortion is prohibited without exception and 12% in countries where abortion is permitted only to save the life of the pregnant woman. About 15% live under statutes authorizing abortion on broader medical grounds, that is, to avert a threat to the woman's health, rather than to her life, and sometimes on eugenic and/or juridical grounds (rape, etc.) as well. Countries where social factors may be taken into consideration to justify termination of pregnancy account for 22% of the world's population and those allowing for elective abortion for at least some categories of women, for 36%. No information is available for the remaining 8%; it would appear, however, that most of these people live in areas with restrictive abortion laws.

- The abortion statutes of many countries are not strictly enforced and some abortions on medical grounds are probably tolerated in most places. It is well known that in some countries with very restrictive laws, abortions can be obtained from physicians openly and without interference from the authorities. Conversely, legal authorization of elective abortion does not guarantee that abortion on request is actually available to all women who may want their pregnancies terminated.

Lack of medical personnel and facilities or conservative attitudes among physicians and hospital administrators may effectively curtail access to abortion, especially for economically or socially deprived women.

A.I.D. believes that the best bet in media strategy is to encourage intensive use of media already available, or available at relatively low cost.

For example, radio is a medium which in some countries already reaches a sizeable percentage of the rural population; a recent A.I.D. financed study by Stanford indicates that radio is as effective as television, costs 1/5 as much, and offers more opportunities for programming for local needs and for local feedback.

Use of U.S. broadcast satellites for dissemination of family planning and health information to key LDC countries.

Growing populations will have a serious impact on the need for food especially in the poorest, fastest growing Least Developed Countries.

Should they be nationally or internationally controlled?

On what basis should such food resources then be provided?

Would food be considered an instrument of national power?

Is the U.S. prepared to accept food rationing to help people who can't/won't control their population growth?

Are mandatory population control measures appropriate for the U.S. and/or for others?

It may well be that desired family size will not decline to near replacement levels until the lot of the LDC rural

poor improves to the extent that **the benefits of reducing family size** appear to them to outweigh the costs.

For urban people, a rapidly growing element in the LDCs, the liabilities of having too many children are already becoming apparent. Aid recipients and donors must also emphasize development and improvements in the quality of life of the poor, if significant progress is to be made in controlling population growth. Although it was adopted primarily for other reasons, the new emphasis of AID's legislation on problems of the poor (which is echoed in comparable changes in policy emphasis by other donors and by an increasing number of LDC's) **is directly relevant to the conditions required for fertility reduction."** - in "National Security Study Memorandum (NSSM 200), Implications of Worldwide Population Growth For U.S. Security and Overseas Interests", (The Kissinger Report), 10 December 1974.

> ***"And for all 193 member states, you must make Vaccines a high priority in your Health Systems, to ensure that all your Children have access to Existing Vaccines Now — and to New Vaccines as they become available."*** *- Bill Gates, in "64th World Health Assembly", WHO, Geneva, 17 May 2011.*

The Contraceptive Salesman & Bill Gates

"Dear Dr Gordon W. Perkin, MD, Executive Director, Program for the Introduction and Adaption of Contraceptive Technology, Canal Place, 130 Nickerson Street, Seattle, WA 98109.

Pursuant to the authority contained in the Foreign Assistance Act of 1961, as amended, the Agency for International Development hereby grants to The Program for the Introduction and Adaptation of Contraceptive Technology." - in "Grant No. PDC-0242-G-SS-3111-00", United States International Development Cooperation

Agency, Agency for International Development, 23 June 1983.

"Gordon Perkin's first job, as a Contraceptives Salesman in Northern Ontario, sparked a life-long interest in reproductive medicine that eventually saw him direct almost USD $5 Billion from the Bill & Melinda Gates Foundation.

The self-effacing general practitioner was also the founder of PATH, now one of the world's largest non-profit health organizations.

In 1966, became an adviser on population issues for the Ford Foundation.

The job saw the Perkin family spend the next 14 years travelling the world, first to Thailand, then Ghana, then to Switzerland where he was seconded to the World Health Organization (WHO).

Throughout those years, reproductive health remained a primary interest for Gordon Perkin.

He served as a board member of the Committee on Contraceptive Development of the National Academy of Sciences, as well as for the Planned Parenthood Federation of America.

In 1977, founded the Program for the Introduction and Adaptation of Contraceptive Technology, which evolved to become PATH.

In 1979, a leader at the United Nations Population Fund asked him to arrange tours of all major western contraceptive factories in United States, Canada and Europe for a group of Chinese pharmaceutical leaders who wanted to learn western practices.

The work brought Dr. Perkin to the attention of Bill Gates Sr., who wrote to PATH in the mid-1990s offering USD $750,000 for projects related to family planning and reproductive health." - "Ontario doctor Gordon Perkin became a giant in public health", The Globe and Mail, 15 September 2020.

Reproductive Health & Childhood Vaccination

"Dr Gordon Perkin crossed paths with William Gates Sr. in the late 1990s.

The elder Gates was helping his multi-billionaire son and daughter-in-law decide how to give away a fortune in philanthropic funding and was looking for expert guidance.

Serve as the first Director of Global Health for the Bill & Melinda Gates Foundation — the richest philanthropy organization in the world.

Its priorities include many of the causes Perkin held dear, from Reproductive Health and Childhood Vaccination.

Perkin was also instrumental in the creation of Gavi, The Vaccine Alliance.

A partnership of the World Bank, The World Health Organization, Governments, Foundations and Pharmaceutical Companies.

Perkin helped persuade the Gateses to kick-start the vaccine alliance with $750 million, which they quickly followed with another $750 million.

"It really blew us away, and Gordon was right in the middle of all that."

Co-founder of PATH, a Seattle nonprofit that started with 3 people in 1977, and is now among the biggest players in international health." - in "Seattle Times", 27 August 2020.

In the Field of Global Health We've Found that the Rockefellers were Already There And Had Been There for Years

"Dad, the next time somebody asks you if you're the real Bill Gates, I hope you say, "Yes."
I hope you tell them that you're all the things the other one strives to be." *- Bill Gates Jr, in "Showing Up for Life Thoughts on the Gifts of a Lifetime", 2009.*

"Inspired by the Rockefeller Foundation's success.

In my studies, I learned that it was John D. Rockefeller's son — John D., Jr. —who took over the task of giving away his father's money.

And I wondered if I was the only dad in philanthropic history charged with giving away his son's money.

The Rockefellers have done so many things.

Every corner we've turned in the field of Global Health, we've found that the Rockefellers were already there and had been there for years.

When we committed to childhood immunization we found ourselves building on efforts the Rockefeller Foundation had helped launch and fund in the 1980s.

When we became interested in fighting malaria and tuberculosis, **we learned that the Rockefellers had been studying the prevention and treatment of such diseases around the globe for, in some cases, as long as a hundred years. A similar dynamic held true in the case of HIV/AIDS. A lesson we learned from studying and working with the Rockefellers is that to succeed in pursuing audacious goals you need like-minded partners with whom to collaborate.** And we learned that such goals are not prizes claimed by the short-winded.

The Rockefellers stay with tough problems for generations." - Bill Gates Sr., in "Showing Up for Life Thoughts on the Gifts of a Lifetime", 2009.

"In the USA, the National Institutes of Health (NIH) has an annual budget of approximately USD $30 Billion and influences Biomedical research extensively by setting funding priorities.

More recently, the US Federal Government's funding allocations through the NIH have been influenced by Private Foundations, shifting their focus and resources towards addressing the problems of Global Health.

Most notable of these Foundations has been the Bill & Melinda Gates Foundation, which was set up in 2000.

The BMGF donates the Grand Challenges in Global Health (GCGH) funds to the Foundation at the National Institutes of Health (USA), which manages the research projects.

The FNIH is a non-profit organization established by the US Congress in 1996 **to promote collaboration between Non-Profit Charities, Industry and Academia,** "to support the NIH mission of improving health through scientific discovery".

Other partners include the Wellcome Trust (UK), the Canadian Institutes of Health Research (Canada).

Although the FNIH manages and administers the grants, the GCGH scientific board oversees and selects the projects to be funded.

The board is led by Nobel laureate Harold Varmus — President of the Sloan–Kettering Cancer Center (New York) and former director of the NIH — and consists of 20 leading scientists from Industry, Academia, Philanthropic Organizations and Government with expertize in Biomedical Research." - in "The grand impact of the Gates Foundation, $60 Billion dollars and one famous person can affect the spending and research focus of public agencies", EMBO Reports, May 2008.

Gates & Fauci Co.

"This must be anywhere from 10 to 15 years ago [2000]. He had a bunch of international global health leaders that he invited to his home.
Was showing everyone on a tour of the house. And he said "can I have some time with you in my library," this amazingly beautiful library.
I kind of wanted to see the tour of the house, because I thought it's a neat house.
But so we went into his library. And we sat down.
And it was there that he said:

"Tony, you run the biggest Infectious Disease Institute of the world.
And I want to be sure the money I spent is well spent.
Why don't we really get to know each other?
Why don't we be partners?"

Our interactions our collaborations became closer and closer with tuberculosis, with HIV, with the vaccine trials." *- Anthony Fauci, (voice recorder) in "Can Bill Gates Vaccinate the World?", New York Times, 3 March 2021.*

"There's no doubt in anyone's mind, there will be a surprise outbreak." - Anthony Fauci, in **"Forum on Pandemic Preparedness"**, Georgetown University Medical Center, organized by Center for Global Health Science and Security in partnership with the Harvard Global Health Institute, 10 January 2017.

13 June 2011
Bill Gates:
"Vaccines Are Magic"

"Months of lobbying led to what the UK Development Secretary, called a **"historic" session to replenish the Global Alliance for Vaccines and Immunisation (Gavi).**

UK Prime Minister David Cameron led the field, pledging £814 Million to Vaccinate more than 80 Million children.

"Britain will play its full part", Cameron told the conference, where Politicians, Charities, Private Companies and Philanthropists including Bill Gates.

Gates told the event that Vaccines are "Magic", he said.

"They are very inexpensive, they can protect you for your entire life, so diseases like smallpox that used to kill millions are completely gone **because of the Vaccine.**

"It's the greatest thing that ever happened in human health.

We need to get them out to people and invent some more." - in "Vaccine Funding: rich countries, led by Britain, to give additional £2.6bn", **This content is supported, in part, through philanthropic funding to theguardian.org, a US-based foundation that partners with the Guardian on independent editorial projects. Support for the global development project comes to theguardian.org from the Bill & Melinda Gates Foundation**, The Guardian, 13 June 2011.

26 March 2015
Lack of Public Understanding of Threats

"Emerging Infectious Disease threats that may not have available treatments or Vaccines can directly affect the security of the world's health since these diseases also know no boundaries and will easily cross borders.

Sustaining public and private investment in the development of medical countermeasures (MCMs) before an emerging infectious disease becomes a public health emergency in the United States has been extremely challenging.

On 26 and 27 March 2015, the Institute of Medicine convened a workshop in Washington, DC to discuss how to achieve rapid and nimble MCM capability for new and emerging threats.

Public- and private-sector stakeholders examined recent efforts to prepare for and respond to outbreaks of Ebola Virus Disease, pandemic influenza, and coronaviruses from policy, budget, and operational standpoints.

Participants discussed the need for rapid access to MCM to ensure national security and considered strategies and **business models that could enhance stakeholder interest and investment** in sustainable response capabilities.

This report summarizes the presentations and discussions from this workshop.

Investors are interested at the height of a crisis, Daszak said.

He pointed out that the share value for Roche Holding, a Swiss global health care company, increased during the H1N1 influenza pandemic.

Unfortunately, as discussed, the interest and hype are short lived and focused around the outbreak.

Daszak shared a story of a publication in Nature describing SARS in China and work done with colleagues from China's government-funded laboratory.

The publication garnered no interest from the Chinese

government, he said, and no one they talked with from the live animal markets seemed concerned about the findings.

What was surprising for Daszak was how little interest was shown in the article from outside governments and the general public.

Based on his experience and understanding, significant attention and interest should have come out of that article, but instead only a few virologists were interested in the paper for academic purposes — again showing the strong influence the media can have on public perception of threats.

Daszak also shared that during the recent **Ebola outbreak, EcoHealth Alliance issued a press release and an analysis predicting which countries would be the first to be infected as a result of global air travel.**

The United States was predicted to be one of the top 3 countries that would receive infected individuals from countries with EVD, and it was predicted the patient would arrive into Dulles, Boston Logan, Newark, and/or JFK airport.

They anticipated a lot of attention and coverage, but instead, again, there was very minimal pickup by the media.

Daszak reiterated that, until an infectious disease crisis is very real, present, and at an emergency threshold, it is often largely ignored.

To sustain the funding base beyond the crisis, he said, we need to increase public understanding of the need for Medical Countermeasures (MCMs) such as a pan-influenza or pan-coronavirus Vaccine.

A key driver is the media, and the economics follow the hype.

We need to use that hype to our advantage to get to the real issues. Investors will respond if they see profit at the end of process, Daszak stated." - in "Rapid Medical Countermeasure Response to Infectious Diseases

Enabling Sustainable Capabilities Through Ongoing Public- and Private-Sector Partnerships: Workshop Summary", 12 February 2016.

11 January 2017

A Surprise Disease Outbreak

"**Fauci has led the NIAID for more than 3 decades, advising the past 5 United States presidents on global health threats from the early days of the AIDS epidemic in the 1980s through to the current Zika virus outbreak**.

During a Forum on **Pandemic Preparedness** at Georgetown University, Fauci said:

> ***"The Trump Administration, will not only be challenged by ongoing Global Health threats such as Influenza, and HIV, but also a Surprise Disease Outbreak***."*- Dr Anthony Fauci, MD*

Dr Fauci and other health experts said: "**that preventing disease pandemics often starts overseas and that a proper response means collaboration between not only the U.S. and other countries, but also the Public and Private Health Sectors.**

> ***"We will definitely get surprised in the next few years!"*** *- Dr Anthony Fauci, MD*

He said." - in "Fauci: "**No Doubt" Trump will face Surprise Infectious Disease Outbreak"**, Healio - Infectious Diseases News, 11 January 2017.

17 February 2017

The Next Epidemic

"The Next Epidemic could originate on a super contagious and deadly strain of the Flu.

Epidemiologists say a fast-moving airborne pathogen could kill more than 30 Million people in less than a year.

And even if the Next Pandemic isn't on the scale of the 1918 flu, we would be wise to consider the social and economic turmoil that might ensue if something like Ebola made its way into a lot of major urban centers.

The good news is that with advances in Biotechnology, New Vaccines and drugs can help prevent epidemics from spreading out of control.

First and most importantly, **we have to build an arsenal of new weapons - Vaccines, Drugs, and Diagnostics.**

The cost of ensuring adequate Pandemic Preparedness Worldwide is estimated at $3.4 Billion a year.

Imagine if I told you that somewhere in this world, there's a weapon that exists - or that could emerge - **capable of bringing economies to a standstill, and throwing nations into chaos.**

I'm optimistic that a decade from now, we can be much better prepared for a lethal epidemic - **if we're willing to put a fraction of what we spend on defence budgets and new weapons systems into Epidemic Readiness.**" - Bill Gates, in "Munich Security Conference", 17 February 2017.

March 2017
To Investigate Vaccines
Is a Bad Idea

- President Trump: "I am considering a Commission to look into Ill-Effects of Vaccines."

Bill Gates: "No that would be a Bad Thing, Don't do That."

"They met again in March 2017 at the White House.

Bill Gates continued:

"In both of those two meetings, he asked me if vaccines weren't a bad thing because he was considering a commission to look into Ill-Effects of Vaccines, and somebody – I think it was Robert Kennedy Jr – was advising him **that Vaccines were causing bad things.**

And I said:

No, That's a Dead End, that would be a Bad Thing, Don't do That." - in "Bill Gates: Trump twice asked me the difference between HIV and HPV", Guardian, 18 May 2018.

September 2017

CEPI / Imperial College London

"In September, 2017, CEPI requested proposals for so-called Vaccine platform technologies that enable rapid Vaccine development, elicit rapid onset of immunity, and whose production can be scaled-up quickly to respond to outbreaks of Disease X." - "Tailor-made flu and Disease X Vaccines to be created in $8 Million project", **Imperial College London,** 10 December 2018.

8 September 2017

Pandemic Influenza Briefing UK

"Pandemic Influenza Briefing Paper: NHS Surge and Triage", NHS England, 8 September 2017.

December 2017

Operating Framework for Managing the Response to Pandemic Influenza UK

"Operating Framework for Managing the Response to Pandemic Influenza Version 2.0", Prepared by: NHS England Emergency Preparedness, Resilience and Response Team, December 2017.

1 January 2018

Pandemic Influenza Preparedness Framework 2018 - 2023

"The Pandemic Influenza Preparedness Framework for the sharing of influenza viruses, and access to Vaccines and other benefits ('PIP Framework' or 'Framework') is an international arrangement adopted by the World Health Assembly (WHA) in May 2011 to improve **Global Pandemic Influenza Preparedness and response.**

The Framework establishes a PIP Benefit Sharing System that includes an annual Partnership Contribution (PC) to **WHO from influenza Vaccine, Diagnostic, and Pharmaceutical Manufacturers using the WHO global Influenza Surveillance and Response System** (GISRS).

What Is Pandemic Preparedness?

Pandemic Influenza Preparedness aims to strengthen country, regional and global capacities to prepare for and respond to pandemic influenza.

Preparing for an Influenza Pandemic is collaborative, and requires a Whole-of-Government and Whole-of-Society approach." - in "Pandemic influenza preparedness (PIP) framework: partnership contribution (PC) preparedness high-level implementation plan II 2018-2023", WHO, 2018.

22 January 2018

Italy Approves Emergency Laws, for the 2020 Lockdowns, Financial Resources and Authorization Spending Under the National Emergency Fund

If you read the law passed, they have broken their own laws, they over exceed both the 6 months & 12 months, maximum provisions.

"Article 24. Significant State of National Emergency

1. Upon the occurrence of events which, following an assessment expeditious carried out by the Department of Protection civil based on available data and information in conjunction with the Regions and autonomous Provinces involved, present the requirements referred to in article 7, paragraph 1, letter c), or in their imminence, **the Council of ministers, upon proposal of the President of the Council of Ministers, also formulated at the request of the President of the Region or autonomous province concerned and in any case once the agreement has been reached, it decides on a significant state of emergency national, establishing its duration and determining it the territorial extension with reference to nature and quality of events and authorizes the issuing of ordinances of civil protection referred to in article 25.**

The resolution identifies, according to homogeneous criteria defined in directive referred to in paragraph 7, the first financial resources to be allocated to the start of rescue and assistance activities to the population and the most urgent interventions of which to article 25, paragraph 2, letters a) and b), pending the reconnaissance regarding actual needs and **authorizes spending under the National Emergency Fund** referred to in Article 44.

2. Following the assessment of the actual impact of the

calamitous event, carried out jointly by the Department of civil protection and by the Regions and Provinces autonomous interested parties, on the basis of a relationship of the Head of the Civil Protection Department, the Council of the ministers identifies, with their own resolution, the additional financial resources necessary for completion of the activities referred to in article 25, paragraph 2, letters a), b) and c), and for the initiation of the most urgent interventions referred to in letter d) of the same paragraph 2, authorizing the spending under the National Emergency Fund referred to in article 44.

Should it subsequently occur, on basis of specific reporting, which the resources allocated to the activities referred to in letter a) are or are about to take place to be insufficient, the Council of Ministers, based on a report from the Head of the Department of civil protection, identifies, with its own further resolutions, the necessary **financial resources and authorizes the spending under the National Emergency Fund** referred to in Article 44.

3. The duration of the state of emergency of national importance cannot exceed 12 months, and may not be extended more than a further 12 months.

4. The possible early revocation of the state of emergency of national importance is decided in compliance with the procedure dictated for the resolution of the state of emergency same.

6. **Upon expiry of the state of emergency, the administrations and the ordinarily competent bodies identified also pursuant to article 26, they take over from everyone active and passive relationships**, in jurisdictional proceedings pending, also pursuant to article 110 of the code of civil procedure.

7. **With a directive to be adopted pursuant to Article 15 preliminary investigation procedures are regulated upon the adoption of the state of emergency resolution of**

national importance and the related obligations of competence of the Presidents of the Regions and autonomous Provinces and of Head of the Civil Protection Department.

9. **The Regions, within the limits of their legislative power, define measures with similar purposes** to the provisions of this article in relation to emergencies referred to in article 7, paragraph 1, letter b).

Article 25. Civil protection ordinances

1. **For the coordination of the implementation of interventions to be carried out during a significant state of emergency national law is provided through protection orders civil, to be adopted in derogation of any provisions in force, within the limits and in the manner indicated in the resolution of the state of emergency and in compliance with the general principles of the legal system and rules of the Union European.**

The ordinances are issued once the agreement has been reached of the Regions and autonomous Provinces territorially involved and, where they make exceptions to the laws in force, they must contain an indication of the main standards to which it refers derogate and must be specifically motivated.

7. To coordinate the implementation of protection orders civil, with the same measures they can be appointed delegate commissioners who operate under the regime overtime until the state of emergency expires of national importance, following which they take care of, until the closing of the special accounting referred to in the article 27, the continuation of activities under ordinary regime. If the Head of the Department makes use of delegated commissioners, the relevant appointment provision must specify the content of the assignment, the times and the methods of its exercise. The delegate commissioners are chosen, except for justified exceptions, among the subjects

for whom the law does not provide any compensation for the performance of the assignment.

Article 26. Ordinances aimed at encouraging a return to ordinary life a following emergencies of national importance

1. At least 30 days before the expiry of the state of emergency of national importance, is specifically adopted ordinance aimed at encouraging and regulating the continuation of the exercise of commissioner functions in progress ordinary in the coordination of consequent interventions to the event, planned and not yet completed.

Stop in any case the mandatory nature of public finance constraints, with this ordinance they can also be issued, for the maximum duration of 6 months, non-extendable and for individuals only interventions connected to the event, derogatory provisions, in compliance with the general principles of the legal system and the rules of the European Union, regarding awarding of public works and acquisition of goods e services as well as for the reduction of analytical terms identified and provisions aimed at possible remodulation of the intervention plan within the limits of resources available." - in "DECRETO LEGISLATIVO 2 Gennaio 2018, N.224, Codice Della Protezione Civile, Gazzetta Ufficiale della Repubblica Italiana, 22 January 2018.

March 2018

Pandemic Influenza Briefing Paper

"The purpose of this paper is to set out a framework on key considerations and options to maintain and augment community health care and adult social care sectors' response to an extreme influenza pandemic.

This paper is to be presented to the Chief Medical Officer (CMO), the Chief Scientific Advisor (CSA) and the Chief Nursing Officer (CNO).

The majority of the detail in this paper will not be replicated in any publically available documentation and this must be borne in mind when sharing this paper beyond its initial intended audience.

A number of biological caveats also need to be considered, including the uncertainties around how and **when a future pandemic may present**, and the population age / risk groups who may be most affected.

This paper is current as of March 2018.

It is authored by the DHSC Pandemic Influenza Team, DHSC Community and Transformation Team, with policy responsibility for Adult Social Care and NHS England, and considers both community health care and adult social care. Input has been sought from key contributors in NHS England, DHSC, and Partner Organisations; this engagement will continue through the development of service and local government facing guidance." - in "Pandemic Influenza briefing paper: Adult social care and community health care", DHSC Pandemic Influenza Team (UK), March 2018.

26 May 2018

Global Strategic Plan Public Health Preparedness 2018 - 2023

"To welcome with appreciation the 5 year Global Strategic Plan to improve Public Health Preparedness and Response.

Mindful of the Legally Binding Nature of the International Health Regulations (2005) Obligations." - in **"Implementation of the International Health Regulations (2005): five-year global strategic plan to improve public health preparedness and response, 2018–2023**", WHO, 26 May 2018.

29 June 2018

It Probably Comes From Bats

"I mentioned SARS Epidemic in Hong Kong.

And **Hong Kong** illustrates what we are going to increasingly be confronted with, and that is very high density populations, dense populations like in Mong Kok, for those of you have been in **Hong Kong**, is the most densely populated place on earth.

And that's where the SARS Virus, which is a Coronavirus is a whole family a new family that we know and it probably comes from Bats." - Dr Peter Piot, MD in **"Are We Ready for the Next Pandemic?", 29 June 2018**.

14 November 2018

Next Pandemic Will Probably Emerge From Bats

"I think the chances that the Next Pandemic will be caused by a novel virus are quite good.

One not-so-surprising finding was that the next pandemic will probably emerge from bats.

No one knows why, but bats are absolutely riddled with nasty viruses.

They're known to be the source of many, many human pandemics, including Sars, which we picked up from cave-dwelling bats in China, as well as Ebola.

But there are others, and some have the capacity to be even deadlier." - Kevin Olival, Disease ecologist from the **EcoHealth Alliance**, in "The mystery viruses far worse than flu", Future, BBC, 14 November 2018.

10 December 2018

"Imperial College London and the Coalition for Epidemic Preparedness Innovations have formed a partnership to help protect against Disease X.

The $8.4 Million **Project will develop technology to rapidly develop Vaccines against known pathogens - such as flu, and unknown pathogens, called Disease X.**

The project will create a so-called self-amplifying RNA (saRNA) Vaccine platform.

Through this partnership, the Coaltion for Epidemic Preparedness Innovations (CEPI) and Imperial College London, aims to develop Vaccines against new and unknown pathogens within 16 weeks from identification of antigen to product release for clinical trials." - in "Tailor-made flu and Disease X Vaccines to be created in $8 Million project", Imperial College London, 10 December 2018.

2019

Jacinda Arden, regime brought one of the most harmful and destructive rules and regulations, with draconian lockdowns and forced and coercive Vaccination of the population, converting New Zealand to a de facto Prison Island during 4 years, of utter madness, paranoia inflicting misery in the entire population, destroying businesses and livelihoods.

"In 2019, Prime Minister Jacinda Ardern was the guest speaker at a private gathering in New York hosted by Bill and Melinda Gates (Goalkeepers, an organisation set up by the Gates Foundation to accelerate progress towards the 17 Sustainable Development Goals of the UN's Agenda 2030). She told the audience that under her administration New Zealand had taken a lead and embedded **the UN Agenda 2030 into our legal and regulatory framework:**

> ***"My Government is doing something not many other countries have tried. We have incorporated the principles of the 2030 Agenda into our domestic policy-making in a way that we hope will drive system-level actions. I believe that the change in approach that we have adopted in New Zealand is needed at a global scale. Most of us no longer dare question if it is grounded in reality and anyone who does is called unpatriotic and petty. So, at the risk of being torn to pieces, let me do it anyway."*** *- Jacinda Ardern, beehive.govt.nz/speech/wellbeing-cure-inequality,* ***2019.***

The event was arranged by Goalkeepers, an organisation set up by the Gates Foundation in 2017 to accelerate progress towards the 17 Sustainable Development Goals of the UN's Agenda 2030." - in "NZ's path to United Nations Agenda 2030", The Star, (Best-read and largest circulating newspaper in Christchurch), New Zealand, 16 November 2020.

"Jacinda Ardern smiled during an interview late last week when saying that she was effectively creating 2 different classes of people in her country that have different levels of freedom depending on whether they are Vaccinated. 'That it is what it is. So, yep. Yep." Ardern quickly responded as she smiled." *- in "New Zealand's Prime Minister On If Vaccine Certificates Are About Creating Two Classes Of People: 'Yep'", The Daily Wire, 24 October 2021.*

21 January 2019

Months Before The Farcical Covid-19 Pandemic

"Major Risk Prevention"

"In January 2019, China Communist Dictator **Xi Jinping convened a high-level Communist Party meeting focused on: "Major Risk Prevention".**

"Black Swans"

He told the Assembled Senior Officials to be on their guard for "Black Swans" - the unpredictable, unseen events that can plunge a system into crisis.

"Grey Rhinoceroses"

But he also warned them about what he called "Grey Rhinoceroses" - the known risks that are ignored until it's too late." - in "BBC", 15 December 2019.

22 January 2019

"Xi urges major risk prevention to ensure healthy economy, social stability.

Facing the complicated international landscape and confronting with the formidable tasks of reform and development and maintaining stability, **we need to keep high vigilance against unexpected "Black Swan" and "Gray Rhino" events to forestall and defuse major risks**, Chinese President Xi Jinping said on Monday.

President Xi, also general secretary of the Communist Party of China (CPC) Central Committee and chairman of the Central Military Commission, made the remarks when addressing the opening ceremony of a study session at the Party School of the CPC Central Committee, with attendance of senior provincial and ministerial officials.

The president told senior officials to strengthen their ability in preventing and defusing major risks to ensure sustainable and healthy economic development and social stability.

In his speech, Xi analyzed and raised specific requirements on the prevention and defusion of major risks in areas including politics, ideology, economy, science and technology, society, the external environment and Party building.

The overall situation of China's economic development is good at present, but there are complex and profound changes the world is facing today, Xi said, adding that China should maintain its strategic focus to steer the domestic economy in the right direction, **protect against potential dangers and respond appropriately to major economic risks and challenges.**

Noting that science and technology security is an important component of the national security, Xi called for more efforts to improve the national innovation system, strengthen areas of weaknesses, intensify research in leading-edge technologies and accelerate development of major infrastructure facilities and public platforms for science and technology." - in "CGTN", 22 January 2019.

Avoiding Another Tiananmen

"Watching Chinese politics is like reading tea leaves — you're always trying to read between the lines of what is being said. "The Chinese Communist Party never raises alarm. They never say that things are bad. They always indicate that they are in control." **Always at the back of the CCP's mind was the need to avoid the possibility of another Tiananmen Square**, he said, where 1989 pro-democracy protests were violently quashed." - in "ABC News", 22 January 2019.

14 February 2019
Schiff Sends Letter to Google, Facebook Regarding Anti-Vaccine Misinformation

"Schiff Asks CEOs to Address this Important Public Health Issue on Respective Platforms. Rep. Adam Schiff (D-CA), sent a letter to Sundar Pichai and Mark Zuckerberg, the Chief Executive Officers of Google and Facebook, respectively, to express concern that the company's platforms including YouTube, Facebook and Instagram, are surfacing and recommending information that discourages parents from Vaccinating their children, contributing to declining vaccination rates which could reverse progress made in tackling Vaccine-preventable diseases.

> ***"As a Member of Congress who is deeply concerned about declining vaccination rates, I am requesting additional information on the steps that you currently take to provide medically accurate information on vaccinations to your users, and to encourage you to consider additional steps you can take to address this growing problem,"I was pleased to see YouTube's recent announcement that it will no longer***

recommend videos that violate its community guidelines, such as conspiracy theories or medically inaccurate videos, and encourage further action to be taken related to vaccine misinformation."

The scientific and medical communities are in overwhelming consensus that vaccines are both effective and safe. There is no evidence to suggest that vaccines cause life-threatening or disabling diseases, and the dissemination of unfounded and debunked theories about the dangers of vaccinations pose a great risk to public health. In 2015, Rep. Schiff first introduced the bipartisan Vaccines Save Lives resolution, recognizing the importance of vaccines and immunizations in the United States. The resolution sends a message of unequivocal Congressional support for vaccines and urges parents, in consultation with their health care providers, to follow scientific evidence and the consensus of medical experts in favor of timely Vaccination for the well-being of their children and surrounding communities.

The full text of the letters:

"As more Americans use the Internet and social media platforms as their primary source of information, it is important that we explore the quality of the information that they receive, particularly on issues that directly impact the health and well-being of Americans, as well as the billions who use your site around the world. Accordingly, I am writing out of my concern that YouTube is surfacing and recommending messages that discourage parents from vaccinating their children, a direct threat to public health, and reversing progress made in tackling vaccine-preventable diseases.

The scientific and medical communities are in overwhelming consensus that vaccines are both effective and safe.

There is no evidence to suggest that vaccines cause life-threatening or disabling diseases, and the dissemination of unfounded and debunked theories about the dangers of vaccinations pose a great risk to public health.

In fact, the World Health Organization listed vaccine hesitancy – the reluctance or refusal to vaccinate despite the availability of vaccines – as one of the top threats to global health in 2019.

In a dramatic demonstration of the dangers, Washington state declared a public health emergency due to a measles epidemic in Clark County, signaling the resurgence of a potentially fatal disease that was effectively eliminated from the United States decades ago by vaccines.

There is strong evidence to suggest that at least part of the source of this trend is the degree to which medically inaccurate information about vaccines surface on the websites where many Americans get their information, among them YouTube and Google search.

As I have discussed with you in other contexts, and as you have acknowledged, the algorithms which power these services are not designed to distinguish quality information from misinformation or misleading information, and the consequences of that are particularly troubling for public health issues. If a concerned parent consistently sees information in their YouTube recommendations that casts doubt on the safety or efficacy of vaccines, it could cause them to disregard the advice of their children's physicians and public health experts and decline to follow the recommended vaccination schedule.

Repetition of information, even if false, can often be mistaken for accuracy, and exposure to anti-vaccine content via social media may negatively shape user attitudes towards vaccination. Additionally, even parents and guardians who seek out accurate information about vaccines could unwittingly reach pages and videos with misinformation. A report by the Guardian [1] found that on both Facebook and YouTube, suggested searches related to vaccines often led users to pages or groups providing medically and scientifically inaccurate information.

As a Member of Congress who is deeply concerned about declining vaccination rates around the nation, I am requesting additional information on the steps that you currently take to provide medically accurate information on vaccinations to your users, and to encourage you to consider additional steps you can take to address this growing problem. I was pleased to see YouTube's recent announcement that it will no longer recommend videos that violate its community guidelines, such as conspiracy theories or medically inaccurate videos, and encourage further action to be taken related to vaccine misinformation.

Specifically, I request that you provide answers on the following questions:

1. Does content which provides medically inaccurate information about vaccines violate your terms of service?
2. What action(s) do you currently take to address misinformation related to vaccines on your platforms? Are you considering or taking additional actions?
3. Do you accept paid advertising from anti-vaccine activists and groups on your platforms? How much has been spent in the past year on advertising on this topic?
4. What steps do you currently take to prevent anti-vaccine videos or information from being recommended to users, either algorithmically or as a suggested search result?

I appreciate your timely response to these questions and encourage you to consider what additional steps you can take to address this growing problem. As more Americans rely on your services as their primary source of information, it is vital that you take that responsibility with the seriousness it requires, and nowhere more so than in matters of public health and children's health. Thank you for your attention to this important topic." - Adam B. Schiff, Member of Congress" - in "schiff.house.gov", 14 February 2019.

www.theguardian.com/media/2019/feb/01/facebook-youtube-anti-vaccination-misinformation-social-media

2 March 2019 Coronavirus Outbreaks Will Originate From Bats, Increased Probability That This Will Occur In China

"During the past 2 decades, 3 zoonotic Coronaviruses have been identified as the cause of large-scale disease outbreaks–Severe Acute Respiratory Syndrome (SARS), Middle East Respiratory Syndrome (MERS), and Swine Acute Diarrhoea Syndrome (SADS). They have common characteristics, such as they are all highly pathogenic to humans or livestock, their agents originated from bats, and 2 of them originated in China. Thus, **it is highly likely that future SARS, or MERS, like Coronavirus outbreaks will originate from Bats, and there is an increased probability that this will occur in China."** - Yi Fan, CAS Key Laboratory of Special Pathogens and Biosafety, Wuhan Institute of Virology, Chinese Academy of Sciences, Wuhan; Kai Zhao, CAS Key Laboratory of Special Pathogens and Biosafety, Wuhan Institute of Virology, Chinese Academy of Sciences, Wuhan; Zheng-Li Shi, CAS Key Laboratory of Special Pathogens and Biosafety, Wuhan Institute of Virology, Chinese Academy of Sciences, Wuhan; Peng Zhou, CAS Key Laboratory of Special Pathogens and Biosafety, Wuhan Institute of Virology, Chinese Academy of Sciences, Wuhan, in "Bat Coronaviruses in China", Viruses, 2 March 2019.

Please read the other books from this series, where, it is clearly shown that:

1. Bats in China enter hibernation around October.

2. The Chinese don't sell, don't buy, don't eat bats.

3. So-called "Coronavirus", from Bats where never shown to exist, nor has anyone shown a "Coronavirus", jumping from either one Bat to another Bat, or from a Bat to a Human.

The fact is that there has never been anyone capable of showing that any virus exist.

Neither has anyone been able to show a so-called "virus" to jump from one person, or animal to another, or vice-versa.

5 February 2019

WHO Pandemic Exercise Washington, DC, USA

"WHO designed a training workshop which simulated critical aspects of planning for the deployment of pandemic Vaccines – a table-top exercise in the form of a board game called PIP Deploy.

Through an interactive and educational approach, workshop participants were invited to reflect on and learn about the main activities, the stakeholders involved and the main components of pandemic deployment operations.

Key recommendations based on lessons learned from the H1N1 pandemic influenza in 2009

1. Include immunization as an integral part of pandemic planning as countries will benefit from having general pre-established operational and logistical protocols for pandemic influenza vaccination (Pandemic Preparedness Plan and National Deployment and Vaccination Plan).

2. Increase efforts to streamline future processes for the donation of pandemic influenza Vaccines by various donors in order to ensure timeliness and equity of such endeavours.

3. Ensure the training (including communication skills) of health-care workers and strengthen social communication regarding the benefits of influenza Vaccination.

4. Pandemic preparedness plans need to include open and effective communication strategies **to build public confidence.**

5. Encourage the establishment of active systems for reporting adverse events following immunization (AEFI) after pandemic Vaccination.

6. Establish systems to facilitate the assessment of Vaccine effectiveness and the impact of pandemic influenza Vaccination campaigns.

7. **Strengthen regulatory systems, which are critical for ensuring the timely deployment** as well as the quality and safety of influenza products.

8. Leverage Expanded Programme on Immunization (EPI) systems that are already in place to support deployment operations and activities for both seasonal and pandemic influenza.

It was stressed that the exercise stimulated critical thinking, **teamwork and the exchange of experience among players.** PIP Deploy was also referred to as an outstanding method for **integrating technical knowledge into practice.**

Next Steps:

The meeting was an opportunity for participants to consider specific actions that they could take to advance pandemic deployment and Vaccination planning.

For WHO:

1. Strengthen understanding by Member States of requirements for Vaccine donation, as set out in the terms of the Country Recipient Agreement.

2. Update the guideline on the use of antivirals.

3. Set up a pool of subject matter experts who will be available to support countries to develop/update their national deployment and Vaccination plans (NDVPs).

For PAHO Revolving Fund:

1. Analyse the feasibility of using the Revolving Fund to help countries enter into advanced purchase agreements for influenza pandemic Vaccines.

Vaccines are a key measure for controlling and preventing the spread of influenza virus.

Countries should have mechanisms in place to rapidly access, allocate, deploy and administer such Vaccines in order to ensure optimal usage and no wastage.

To help countries in their efforts to build the necessary capacity for efficient Vaccine deployment in the event of a pandemic, the World Health Organization (WHO) is undertaking several training activities, including a series of regional workshops, in order to create a forum for sharing best practices, identifying strengths and weaknesses in current deployment plans and discussing future deployment preparedness needs.

The meeting on Planning for Effective and Efficient Deployment of Pandemic Supplies was held on 5–7 February 2019 at the headquarters of the Pan American Health Organization (PAHO), in Washington D.C., United States of America.

60 delegates participated, including delegates from 9 countries:

1. Brazil
2. Colombia
3. Dominican Republic
4. El Salvador
5. Haiti
6. Jamaica
7. Mexico
8. Paraguay
9. Suriname

Representatives of WHO headquarters, PAHO, WHO country offices in the Americas, the United States Centers for Disease Control and Prevention (CDC) and the US Department of Health and Human Services.

The overall objective of the meeting was to provide an engaging and interactive environment for countries to obtain a better understanding of critical components of a pandemic Vaccine deployment plan, as recommended by WHO in Guidance on development and implementation of a national deployment and Vaccination plan for pandemic influenza Vaccines.

Other objectives of the meeting included:

1. To reinforce the importance of pandemic influenza Vaccines deployment in wider pandemic preparedness planning;

2. To stress the need for ensuring up-to-date national deployment and Vaccination plans for pandemic influenza Vaccines;

3. To raise awareness about in-country planning to ensure capacities and capabilities in view of effective and **efficient deployment of pandemic Vaccines.**

A WHO-coordinated process will ensure that the allocation of Vaccines is based on criteria such as epidemiological risk and availability (production capacity and purchasing power), as well as country readiness to accept and deploy pandemic supplies in a timely manner and to implement successful immunization campaigns.

To facilitate deployment operations at national level, countries are advised to develop, revise and test national deployment and Vaccination plans (NDVPs) for pandemic influenza Vaccines." - in "Report of the Pandemic influenza Vaccine deployment workshop, Washington DC, United States of America, 5-7 February 2019", WHO, February 2019.

5 March 2019

Public Health Preparedness WHO European Region 2018 —2023

"Surveillance systems are frequently under-resourced and do not allow for reliable and timely detection, assessment and notification of potential **public health events of International Concern.**

Furthermore, formal mechanisms for **sharing data between sectors, such as agriculture, veterinary, environment and trade,** are often insufficient.

Workforce capacity remains limited, particularly in the areas of diagnosis, clinical management, investigation and response.

Laboratory capacity and **collaboration through networks has improved in Member States of the WHO European Region, particularly for disease-specific programmes, such as poliomyelitis, measles and rubella, tuberculosis, HIV/AIDS and influenza.**

However, national public health laboratories and national networks in some Member States of the Region have not yet reached adequate capacity.

The action plan emphasizes the leadership role of WHO in guiding stakeholders to support countries in capacity development and coordinate the provision of assistance during an emergency in line with the IHR (2005); acknowledges existing subregional frameworks; prioritizes WHO support to priority countries in the WHO European Region; and is based on the importance of an all-hazard, as well as **One Health approach,** focusing on **all phases of the emergency management cycle.**

National laboratory systems

A well-managed, quality-assured **laboratory system plays a crucial role in health emergency preparedness and the timely detection of public health threats.**

States Parties will:

a. implement national laboratory strategies focusing on quality assurance of **public health laboratories** including human, **environmental and veterinary laboratories;**
b. **establish, maintain or strengthen national and international referral systems for biological and environmental specimens, based on a One Health approach."** - in "Action plan to improve public health preparedness and response in the WHO European Region 2018–2023", WHO, 5 March 2019.

15 March 2019

Global Influenza Strategy 2019 —2030

"Acknowledgements:
WHO would like to acknowledge **the Stakeholders** who took the time to provide comments and support to the development of this document.

This includes:

1. External Stakeholders including representatives from Member States,
2. Civil Society Organizations,
3. Industry,
4. Academia, and the
5. Global Influenza Surveillance and Response System (GISRS), and
6. Representatives from WHO Headquarters, Regional Offices and Country Offices.

Since the 1918–1919 pandemic, there has been significant progress in Medical Science, including the **development of influenza Vaccines, antiviral Drugs and better Diagnostics.**

Influenza viruses continually circulate in animals, and at times, these viruses gain the ability to spill over and infect humans.

These viruses are novel to humans and have the potential to cause a pandemic.

Capacity-Building and Financing improve a country's ability to respond more rapidly and nimbly to influenza and other infectious diseases.

Promote research and innovation to address unmet public health needs

Promote research and innovation for improved and Novel Diagnostics, Vaccines and treatments against influenza.

Strengthen global influenza surveillance, monitoring and data utilization

Enhance, integrate and expand virological and disease surveillance.

Alignment with WHO assets and strategies

Other WHO assets and strategies that this strategy aligns with are:

Public Health Research Agenda for Influenza;
Global Action Plan for Influenza Vaccines (GAP);
WHO preferred product characteristics for Next-Generation
Influenza Vaccines;
Public–Private Partnerships established through the PIP Framework and other WHO programmes.

Alignment with WHO assets and strategies

Other WHO assets and strategies that this strategy aligns with are:

The Five-Year Global Strategic Plan to Improve Public Health Preparedness and Response 2018 – 2023.

SAGE recommendations and the SAGE influenza working group." - in "Global Influenza Strategy 2019–2030", WHO, 15 March 2019.

This Is A Lie Completely Made Up

"Influenza viruses continually circulate in animals, and at times, these viruses gain the ability to spill over and infect humans.
These viruses are novel to humans and have the potential to cause a pandemic." *- in "Global Influenza Strategy 2019–2030", WHO, 15 March 2019.*

Covid-19 in Barcelona Since: 12 March 2019

"Spanish Virologists have found traces of the novel coronavirus in a sample of Barcelona Waste Water collected in March 2019, 9 months before the Covid-19 disease was identified in China, the University of Barcelona said on Friday.

Then they ran Tests on samples taken between January 2018 and December 2019 and **found the presence of the virus genome in 1 of them, collected on 12 March 2019."** - in "Coronavirus traces found in March 2019 Sewage sample, Spanish study shows", Reuters, 26 June 2020.

Covid-19 in Milan and Turin Since: 18 December 2019

"By analysing 40 composite Influent Wastewater samples collected - in the 23 framework of other Wastewater-based epidemiology projects - between October 2019, and 24 February 2020 from 5 Wastewater Treatment Plants (WTPs), in 3 cities and regions in northern Italy 25 (Milan/Lombardy, Turin/Piedmont and Bologna/Emilia Romagna), 24 additional samples 26 collected in the same WTPs between September 2018, and June 2019 were included as blank 27 samples. **Viral concentration was performed according to the standard World Health Organization 28 procedure for Poliovirus Sewage Surveillance.**

Molecular analysis was undertaken with both nested 29 RT-PCR and real-rime RT-PCR assays.

A total of 15 positive samples were confirmed by both 30 methods. Of these, 8 were collected before the first autochthonous Italian case. The earliest dates 31 back to 18 December 2019 in Milan and Turin." - in "SARS-CoV-2 has been circulating in northern Italy since December 2019: evidence from environmental monitoring", Science of The Total Environment, 26 June 2020.

Covid-19 in Florianópolis Since: 27 November 2019

"Particles of the novel coronavirus, SARS-CoV-2, were found in 2 samples of Sewage from Florianópolis collected on 27 November 2019, 2 months before the first clinical case was reported in Brazil. The discovery is described in the research **SARS-CoV-2 in Human Sewage in Santa Catarina, Brazil, November 2019,** by researchers from the Federal University of Santa Catarina, the University of Burgos (Spain) and the startup BiomeHub." - in "Particles of the new coronavirus are discovered in a sample of Florianópolis Sewage from November 2019", Noticias da UFSC, 2 July 2020.

30 April 2019

WHO Pandemic Exercise Tajikistan

"National deployment and Vaccination plans, regularly updated to integrate continuously evolving evidence, can be an effective tool to ensure adequate response measures to an influenza pandemic.

The results and recommendations of the Pandemic Vaccine Deployment Workshop held 30 April–2 May 2019 in Dushanbe, Tajikistan.

The workshop was attended by 30 participants from:

1. Armenia
2. Azerbaijan
3. Georgia
4. Kazakhstan
5. Kyrgyzstan
6. Tajikistan
7. Turkmenistan
8. Uzbekistan

All worked in state regulatory and healthcare agencies and programmes responsible for immunization and pandemic preparedness. The overall objective of the workshop was to support countries in developing plans for the deployment of pandemic Vaccine.

Other workshop objectives included:

1. reinforcing the importance of updated NDVPs as part of wider pandemic influenza preparedness planning;
2. identifying gaps and weaknesses in existing national pandemic Vaccine deployment and Vaccination plans; and
3. developing an outline of updated national pandemic deployment and Vaccination plans.

Global Frameworks to tackle influenza:

Global Influenza Strategy 2019 – 2030

Workshop participants were introduced to the newly launched Global Influenza Strategy 2019–2030 and its 2 high-level objectives – better global tools and stronger country capacities.

The 4 strategic objectives are:

1) to promote research and innovation to address unmet public health needs;
2) to strengthen global influenza surveillance, monitoring and data utilization;
3) to expand seasonal influenza prevention and control policies and programmes to protect the vulnerable;
4) to strengthen pandemic preparedness and response for influenza to make the world safer.

Seasonal Influenza Vaccination Programmes

The presentation on seasonal influenza Vaccination offered participants an overview of crucial elements for sustainable influenza Vaccine programmes, such as policy, influenza-specific evidence, national procurement management, product approval and regulation, communication for influenza Vaccination and financing.

Data from 2006–2015 illustrate that seasonal influenza Vaccination has steadily increased across the Middle East, the coasts of sub-Saharan Africa, and in middle-income and upper–middle-income countries in Asia but has fluctuated in the WHO European Region.

Participants learned about the role of seasonal influenza Vaccination programmes in pandemic preparedness, whereby established processes and mechanisms of seasonal influenza Vaccination programmes can be effective elements in pandemic preparedness and response.

In particular, certain elements of the seasonal influenza

Vaccination programmes – such as regulatory capacity, distribution plans and systems (i.e. cold chain, ancillary supplies), monitoring systems, health workforce familiarity in administering vaccine, public trust in influenza Vaccines, identified target groups and the ability to reach them, as well as rapid deployment of supplies in an emergency context – were named as enabling factors for better preparedness of countries for an influenza pandemic.

A number of countries in Central Asia struggle to **ensure the support of decision-makers** for seasonal Influenza Vaccines.

Therefore solid evidence on Vaccine efficacy would be highly appreciated by these countries in order **to Promote seasonal Influenza Vaccination.**

Box 1. Pandemic preparedness plans – recommended immediate steps:

1. Revise and endorse national Pandemic Preparedness plans by end of 2020.

3. Develop plans for Pandemic Vaccine Deployment." - in "Report of the Pandemic Vaccine Deployment Workshop, Dushanbe, Tajikistan, 30 April – 2 May 2019", World Health Organisation, May 2019.

29 June 2019
China Passes Law Making Vaccines Mandatory

"On 29 June 2019, the National People's Congress Standing Committee of the People's Republic of China (PRC) adopted the PRC Law on Vaccine Administration (Vaccine Law).

The Law provides for the "Strictest" Vaccine management.

Vaccine Electronic Tracking Platform

The Law Mandates the launching of a **National Vaccine Electronic Tracking Platform that integrates tracking information throughout the whole process of Vaccine production,** distribution, and use to ensure all Vaccine products can be tracked and verified (art. 10).

China Are Legally Obligated To Be Vaccinated With Immunization Program Vaccines

According to the Law, **China is to implement a State Immunization Program, and Residents living within the territory of China are Legally Obligated to be Vaccinated with Immunization Program Vaccines, which are provided by the government. Local governments and parents or other guardians of children must ensure that children be Vaccinated with the immunization program Vaccines** (art. 6)." - in "China: Vaccine Law Passed", Library of Congress, 27 August 2019.

13 August 2019

Crimson Contagion Functional Exercise

"The Crimson Contagion 2019 Functional Exercise provided Local, State, Federal, Nongovernment organizations (NGO's), and Private Sector Partners an opportunity to practice implementing response actions, as well as engage in candid discussions about response, resource, and capability challenges during an **influenza pandemic across all levels of government.**

During the exercise, a significant topic of concern centered around the inadequacies of existing executive branch and statutory authorities to provide HHS with the requisite mechanisms to serve successfully as the lead federal agency in response to an influenza pandemic.

Exercise participants highlighted the need to codify policies and procedures for HHS to lead, direct, and source funding in response to all kinds of public health emergencies.

In addition, further examination is needed to determine **how federal interagency partners will coordinate with one another on a variety of pandemic influenza-specific response** activities, including but not limited to information-sharing with the National Security Council, addressing shortages in medical countermeasure and ancillary supplies, bilateral state-federal request for information coordination nodes and processes, and the respective **roles and responsibilities of HHS and DHS/FEMA in response to a complex and unique threat, with a non traditional lead federal agency.**

The culminating event of the Series - the Crimson Contagion 2019 Functional Exercise - was a 4 day, multi-state, and multi-regional exercise that focused on:

Whole-of-community response and policy issues of workforce viability,
Critical infrastruc1ure protection;
Economic Impact;
Social Distancing;
Scarce resource allocation;
Prioritization of Vaccines,
and other countermeasures: available (or potentially available) funding streams or mechanisms to fund the response; and medical surge operations.
The exercise began on 13 August 2019 and concluded 16 August 2019.

Crimson Contagion 2019 Functional Exercise Scenario Overview

The Crimson Contagion 2019 Functional Exercise scenario was based on a novel influenza A (H7N9) **virus that originates in China and is antigenically distinct (not matched) from stockpiled Vaccines.**
The scenario starts off with tourists becoming ill in China with non-severe acute respiratory illness and then departing the Lhasa airport to other cities in China before flying back to their respective countries.
During their flights home, additional tour group members, who were not ill when they embarked on their return flights **from China, begin to experience the onset of respiratory symptoms and some develop fever.**

Funding

Currently, there are insufficient funding sources designated for the federal government to use in response to a severe influenza pandemic.
During the "snap" Domestic Resilience Group meeting, participants noted that the manufacturing of Vaccines alone cost $6.2 Billion dollars.

An additional $2 Billion would be required to increase the production of antivirals and $1 Billion to increase the production of ancillary supplies such as personal protective equipment and syringes.

However, there are limited funds available in the Public Health Emergency Fund and, historically, Congress has rarely appropriated funds to the Public Health Emergency Fund.

In the rare instances when Congress has appropriated funds, the amount has been minimal and would be insufficient to fund the federal government's response to a severe influenza pandemic.

Thus, as seen in previous pandemics and other public health and medical incidents, HHS would need to request and receive supplemental appropriations from Congress, which can often take upwards of 2 months from the time a request is made to the time the funds are available for use.

The funding available through the Public Health Emergency Fund may change if the Labor, Health and Human Services, Education, Defense, State, Foreign Operations, and Energy and Water Development Appropriations Act of 2020 passes through Congress.

This act would appropriate close to $1.1 Billion dollars into the Public Health Emergency Fund.

Approximately half ($566.7 Million) of the funds would be reserved specifically to support advanced research and development for the Biomedical Advanced Research and Development Authority, which aids in securing our nation from chemical, biological, radiological, and nuclear threats, **as well as from pandemic influenza and emerging infectious diseases.**

The act would also provide an additional $735 Million for procuring security countermeasures, $920 Million for acquiring and maintaining the Strategic

National Stockpile, and $270 Million for expenses necessary to prepare for or respond to an influenza pandemic.

Even with this additional funding, HHS will need more federal dollars to respond to a severe influenza pandemic.

A presidential declaration under the Stafford Act could allow HHS access to DHS/FEMA's Disaster Relief Fund and other funds appropriated by Congress.

The definition of an "emergency" under the Stafford Act is broad and could encompass a biological incident, such as an influenza pandemic; however, the definition of "major disaster" is more specific and does not explicitly refer to an influenza pandemic.

Thus, the President could choose to declare an "emergency" under the Stafford Act in response to an influenza pandemic, allowing HHS access to funding from the Disaster Relief Fund for covered expenditures not typically provided under HHS' regular authorities.

However, a State Governor or Tribal Chief Executive must request an emergency declaration unless the emergency involves federal primary responsibility.

Thus, there is unlikely to be a nationwide emergency declaration and the President is likely to make a determination on a state-by-state basis when requested.

Further, it is unlikely that the Disaster Relief Fund could be used for expenditures that HHS traditionally receives appropriations for (including supplemental appropriations), such as procurement of Vaccines, as any "assistance" through the Disaster Relief Funds with respect to medicine is limited to:

1) providing financial assistance to individuals to obtain medicine; or

2) paying for the federal government or the impacted state government to distribute medicine.

In addition, given the lack of historical precedence for a Stafford Act declaration in response to a naturally occurring biological incident, a great deal of uncertainty exists surrounding the likelihood of this occurring in a future influenza pandemic.

Exercise participants were not clear on the applicability or use of Title I Defense Priorities and Allocations Authority, of the Defense Production Act to mitigate medical countermeasure and ancillary supply shortages during an influenza pandemic response.

Title the Defense Production Act authorizes the federal government to ensure timely availability of critical materials, equipment, and services produced in the private market in the interest of national defense.

It directs the head of 6 Federal Departments, including HHS, to issue final rules that establish standards and procedures to promote national defense.

It also allows the President to allocate or control the general distribution of materials, services, and facilities. However, the definition of national defense does not explicitly include health care resources, thereby highlighting the uncertainty of using the Defense Production Act to produce much needed medical countermeasures and matched vaccines in response to an influenza pandemic.

As articulated during the "snap Domestic Resilience Group meeting, participants were unclear as to how the Defense Production Act could be used to compel or influence the private sector industry to acquire or produce critical resources.

Specifically, participants were unclear if the Health Resources Priority and Allocation System under the Defense Production Act could be used in response to a non-Stafford Act incident.

Ultimately, participants did not determine how, or if, the Defense Production Act could be used to enforce or encourage the development and manufacture of Vaccines or medical countermeasures and ancillary supplies domestically.

The reasons for HHS' decision to halt seasonal influenza administration and distribution were unclear to state participants

At the start of the exercise, CDC provided guidance to states on delaying the administration and distribution of seasonal influenza Vaccines.

However, the guidance lacked clear context leading to confusion within several state public health communities.

Some states noted that halting distribution and administration of the seasonal influenza Vaccine so late in the year would likely result in inconsistent adherence to the federal level guidance to provide the seasonal Vaccine.

By late July, many providers, facilities, and pharmacies in states would have already received their allotment of the seasonal influenza Vaccine.

In this situation, many healthcare and public health providers would likely continue to administer the seasonal vaccines despite guidance from CDC.

Considering this, states noted that messaging to the public about this would be critical.

Specifically, it would be important for patients and the public to understand that the seasonal flu Vaccine would not provide protection against the pandemic H7N9 strain.

A significant outreach component would also be necessary to both the vaccine providers and the public to justify why these Vaccines should not be administered and increase compliance with recommendations." - in "Crimson Contagion 2019 Functional Exercise Draft After-Action Report", Office of the Assistant Secretary for Preparedness and Response (Dr Robert Kadlec, MD), US Department of Health and Human Services, October 2019.

The Remarkable Insight From The 2019 Crimson Pandemic Preparedness Exercise

"Local,
State,
Federal,
Nongovernment Organizations (NGO's),
Private Sector Partners during an **influenza pandemic across all levels of government.**

To determine **how Federal Inter-Agency partners will coordinate with one another on a variety of pandemic influenza-specific response.**
Roles and responsibilities of HHS and DHS/FEMA:

Focused On:

1. Social Distancing.

2. Prioritization of Vaccines.

3. Funding Streams or mechanisms to Fund the response.

The Crimson Contagion 2019 Functional Exercise scenario was based on a novel influenza A (H7N9) **virus that originates in China, with non-severe acute respiratory illness and some develop fever, from China.**

Funding

Currently, there are Insufficient Funding.
During the "snap" Domestic Resilience Group meeting, participants noted that the manufacturing of Vaccines alone cost $6.2 Billion dollars.
An additional $2 Billion would be required to increase the production of antivirals and $1 Billion to increase the

production of ancillary supplies such as personal protective equipment and syringes.

However, there are limited funds available in the Public Health Emergency Fund and, historically, Congress has rarely appropriated funds to the Public Health Emergency Fund.

The funding available through the Public Health Emergency Fund may change if the Labor, Health and Human Services, Education, Defense, State, Foreign Operations, and Energy and Water Development Appropriations Act of 2020 passes through Congress.

This act would appropriate close to $1.1 Billion dollars into the Public Health Emergency Fund.

Approximately half ($566.7 Million) of the funds would be reserved specifically to support advanced research and development for the Biomedical Advanced Research and Development Authority, as well as from pandemic influenza and emerging infectious diseases.

The act would also provide an additional $735 Million for procuring security countermeasures, $920 Million for acquiring and maintaining the Strategic National Stockpile, and $270 Million for expenses necessary to prepare for or respond to an influenza pandemic.

Even with this Additional Funding, HHS Will Need More Federal Dollars to respond to a severe influenza pandemic.

HHS Decision to Halt Seasonal Influenza Administration and Distribution were unclear to state participants

At the start of the exercise, CDC provided guidance to states on Delaying the Administration and distribution of seasonal influenza Vaccines.

Some states noted that halting distribution and administration of the seasonal influenza Vaccine so late in the year would likely result in Inconsistent Adherence to the federal level guidance to provide the seasonal Vaccine.

A significant outreach component would also be

necessary to both the Vaccine providers and the public to justify why these Vaccines Should Not be Administered and increase compliance with recommendations." - in "Crimson Contagion 2019 Functional Exercise Draft After-Action Report", Office of the Assistant Secretary for Preparedness and Response, US Department of Health and Human Services, October 2019.

Robert Kadlec

"Robert Peter Kadlec, American physician and career officer in the United States Air Force who served as Assistant Secretary of Health and Human Services (Preparedness and Response) from August 2017 until January 2021.

He is responsible for the creation of the COVID-19 Vaccine development program Operation Warp Speed.

A memo circulated by Kadlec and Marks to Azar on April 12 was the first detailed accounting of OWS' goals:

> *"Project Warp Speed: Maximally expediting a safe, effective Vaccine. A safe, effective, broadly administered* ***Vaccine is the single most important solution*** *to the Covid-19 pandemic*
> *MISSION: Maximally expedite the development of a safe and effective* ***Vaccine with sufficient scale to inoculate all Americans*** *who need it*
> *DEADLINE: Enable broad access to the public* ***by October 2020.****"*

> *"At exactly 5:00 p.m., Peter Marks would be calling.*
> *A lanky man with tortoiseshell glasses, Marks was the* ***director of the FDA's Center for Biologics Evaluation and Research, the referee who would make or break the fortunes of Vaccine companies.***

He was nothing like your stereotypical regulator who said, No, no, no.
He was more like, Maybe, huh, yes, eureka!
Peter Marks and Kadlec had a surprising chemistry.
And Marks had relayed to Kadlec the conversations he'd been having with Drugmakers, including Pfizer and Johnson & Johnson." *- in "Inside the Messy Race to Develop a COVID Vaccine", Esquire, 19 October 2021.*

In April 2020, Kadlec demoted federal scientist Rick Bright, removing him from his position as head of the Biomedical Advanced Research and Development Authority (BARDA) and reassigning him to a lower post at the National Institutes of Health.

The following month, Bright filed a wide-ranging whistleblower complaint against Kadlec and several Trump administration officials.

Bright asserted that Kadlec ousted him in retaliation for his "insistence" that the federal government focus resources on "safe and scientifically vetted solutions" against the COVID-19 pandemic rather than "technologies that lack scientific merit" such as the use of hydroxychloroquine, which had been pushed by the Trump administration.

Supporters of Bright and supporters of Kadlec each accused the other "of preferential treatment for favoured contractors and inappropriate spending decisions." - in "Wikipedia", March 2024.

15 August 2019

Dealing With The Next Downturn

"Unprecedented policies will be needed to respond to the Next Economic Downturn.

Monetary policy is almost exhausted as global interest rates plunge towards zero or below.

Inflation expectations are dragging on actual inflation.

Fiscal policy on its own will struggle to provide major stimulus in a timely fashion **given high debt levels** and the typical lags with implementation.

Without a clear framework in place, **policymakers will inevitably find themselves blurring the boundaries between fiscal and monetary policies.**

This threatens the hard-won credibility of policy institutions and could open the door to uncontrolled fiscal spending.

There is not enough monetary policy space to deal with the next downturn:

The current policy space for global central banks is limited and will not be enough to respond to a significant, let alone a dramatic, downturn.

An extreme form of "going direct" would be an explicit and permanent monetary financing of a fiscal expansion, or so-called Helicopter Money.

Explicit monetary financing in sufficient size will push up inflation.

Without explicit boundaries, however, it would undermine institutional credibility and could lead to uncontrolled fiscal spending." - in **"Dealing With The Next Downturn", BlackRock Investment Institute, 15 August 2019.**

"The U.S. Federal Reserve printed a bunch of money during the "Covid Pandemic", and gave it to BlackRock to manage. Was that incompetence?
Especially when BlackRock wrote the plan "Dealing with the Next Downturn: From unconventional monetary policy to unprecedented policy coordination", in August 2019 for the Monetary Policy that the U.S. Federal Reserve followed exactly when the "Covid Pandemic" happened, about what the U.S. Federal Reserve would need to do during a unforeseen crisis.
Was that incompetence, or is that corruption?
I mean, a lot of times they try and absolve themselves of like when they sort of get caught, or start to get caught for something corrupt.
They'll be like, oh don't look any further, we're just really stupid. But if you consider the massive amount of wealth transfer that has happened in the last 20 years to the people at the very top, I think it's obvious.
That can't all have been because of incompetence." *- Whitney Webb in "This Is What They're Hiding About BlackRock", Library of Wealth, 26 January 2024.*

22 August 2019

Challenges for Monetary Policy

"The Federal Reserve Bank of Kansas City hosted **dozens of Central Bankers, Policymakers, Academics and Economists from around the world at its annual economic policy symposium, 22-24 August 2019.**

The 2019 Jackson Hole Economic Policy Symposium sought to Foster Dialogue among Central Bankers from across the world.

The global nature of the Challenges confronting the World's Economies required an international gathering that the annual Federal Reserve Bank of Kansas City's symposium was uniquely able to facilitate.

Federal Reserve Chairman Jerome H. Powell opened the symposium by placing the current challenges facing the Federal Open Market Committee (FOMC) in a historical context. Since the end of World War II, the U.S. economy has transitioned through many "Greats."

Powell recounted that the period of economic prosperity that followed the end of World War II culminated in the Great Inflation, a period of high and volatile price growth. This era led many central banks to warm to the merits of some form of inflation targeting, which contributed to the stabilization of inflation and coincided with a period of overall economic tranquility, leading this post-Great Inflation era to be called the Great Moderation. The Great Moderation then ended abruptly with the onset of the Great Recession, the most severe U.S. recession of this post-war period.

The U.S. economy emerged from the Great Recession by way of the longest economic expansion on record.

The unemployment rate, which peaked at 10% in 2009.

In the aftermath of the Global Financial Crisis, every major central bank aggressively eased policy." - in "Challenges for Monetary Policy", Jackson Hole Economic Policy Symposium, Federal Reserve Bank of Kansas City, 22 August 2019.

The Panelists:

Gita Gopinath, Chief Economist, International Monetary Fund

Philip Lowe, Governor, Reserve Bank of Australia

Amir Yaron, Governor, Bank of Israel

The Participants

MICHELLE BOWMAN, Governor, Board of Governors of the Federal Reserve System

LAEL BRAINARD, Governor, Board of Governors of the Federal Reserve System

DANIEL FRANCO, Deputy Governor, Bank of Italy

SHARON DONNERY, Acting Governor, Central Bank of Ireland

ROCHELLE EDGE, Deputy Director, Division of Monetary Affairs, Board of Governors of the Federal Reserve System

MARCO BUTI, Director General, European Commission
AGUSTÍN CARSTENS, General Manager, Bank for International Settlements

NORMAN CHAN, Chief Executive, Hong Kong Monetary Authority

RICHARD CLARIDA, Vice Chairman, Board of Governors of the Federal Reserve System

BENOÎT COEURÉ, Member of the Executive Board, European Central Bank

SHAN HUANG, Deputy Representative U.S. Office of The People's Bank of China

STEVEN KAMIN, Director, International Finance Division Board of Governors of the Federal Reserve System

PHILIP LANE, Member of the Executive Board, European Central Bank

SABINE LAUTENSCHLÄGER, Member of the Executive Board, European Central Bank

STEPHEN S. POLOZ, Governor, Bank of Canada

RANDAL QUARLES, Vice Chairman for Supervision, Board of Governors of the Federal Reserve System

ADRIAN ORR, Governor, Reserve Bank of New Zealand

Mark Carney, Governor Bank of England

Carney is governor of the Bank of England and chairman of the Monetary Policy Committee, Financial Policy Committee and the board of the Prudential Regulation Committee. In addition to his duties as governor, Carney is first vice-chair of the European Systemic Risk Board, a member of the Group of Thirty and the **foundation board of the World Economic Forum**.

After a 13-year career with Goldman Sachs in London, Tokyo, New York and Toronto, Mr. Carney was appointed deputy governor of the Bank of Canada in 2003.

Frank R. Smets, Director General European Central Bank

Jerome H. Powell, Chairman Board of Governors of the Federal Reserve System

4 September 2019

Bill Invests $55 Million in BioNTech

"Bill & Melinda Gates Foundation invests $55 Million in an infectious disease collaboration. *Total funding under the collaboration could reach $100 million through potential future grant funding from the Gates Foundation that would be used to underwrite the evaluation of these candidates in the clinic and* ***support the initiation of new infectious disease projects. BioNTech SE, a clinical-stage biotechnology company. It will further enable BioNTech to build out its infectious disease infrastructure, including platform development and may allow the Company to initiate 3 new additional programs within its infectious disease portfolio.*** *All programs will utilize* ***BioNTech's proprietary platforms and the Company will retain rights for commercialization of the Vaccine*** *and immunotherapy candidates in the developed world while providing affordable access to the* ***candidates in developing countries."*** *- in "BioNTech", 4 September 2019.*

The Outstanding Network Of Infectious Disease Specialists The Gates Foundation Has Built

"We are thrilled about the partnership with the Gates Foundation and the outstanding network of infectious disease specialists that it has built." *- Prof. Ugur Sahin, CEO of BioNTech, BioNTech, 4 September 2019.*

No Product Ever Made 2008 - 2020

"BioNTech was founded in 2008.

In January 2020 to tackle the SARS-CoV-2 virus 'head on' pivoted the direction of the company: and the resulting **COVID-19 Vaccine BNT162b2 became the company's first commercial product to market.**" - in "BioNTech's ambitions for 2021 and beyond: 'We will apply the capabilities we have developed with COVID-19 to rapidly advance other innovative medicines to the market", Biopharma Reporter, 6 April 2021.

About BioNTech

"BioNTech was founded in 2008 on the understanding that every cancer patient's tumor is unique and therefore each patient's treatment should be individualized.

Its cutting-edge pipeline includes individualized mRNA-based product candidates, innovative chimeric antigen receptor T cells, novel checkpoint immunomodulators, targeted cancer antibodies and small molecules.

BioNTech's product development approach has been validated by 7 collaborations with:

Eli Lilly and Company,
Genmab,
Sanofi,
Bayer Animal Health,
Genentech (Roche Group),
Genevant,
Pfizer.

BioNTech's Shareholders include:

Struengmann Family Office majority shareholder,
Fidelity Management & Research Company,

Invus,
Janus Henderson Investors,
MIG Fonds,
Redmile Group,
Salvia,
Mirae Asset Financial Group,
Platinum Asset Management,
Jebsen Capital,
Steam Athena Capital,
BVCF Management, and
Several European family offices." - in "BioNTech Announces New Collaboration to Develop HIV and Tuberculosis Programs; Bill & Melinda Gates Foundation invests $55 Million in an infectious disease collaboration that could reach up to $100 Million in total funding", BioNTech, 4 September 2019.

2019: We Need To Make A Billion Doses Next Year There Is Going To Be A Pandemic

"So the great news versus 2020, where we are today, is we have Manufacturing Capacity, as Seth knows, when the pandemic happened more than I had made a hundred thousand doses in 2019 for the whole year.

And I remember walking after that, I was into the office of my other manufacturing, and I said: "How we make a billion doses next year", and you look at me a bit funny..., say what?

I said: "Yeah, we need to make a billion doses Next Year there's gonna be a Pandemic." - Stéphane Bancel, CEO of Moderna, in "Davos Live: Moderna and Gavi CEOs at World Economic Forum, 'State of the Pandemic' Session", Reuters, Streamed live, 18 January 2023.

17 September 2019

WHO Pandemic Exercise Philippines

"The World Health Organization (WHO) Regional Office for the Western Pacific convened the Workshop on National Pandemic Influenza Vaccine Deployment and Vaccination Planning to Strengthen Pandemic Preparedness, from 17 to 19 September 2019, at the Regional Office in Manila, Philippines.

Participants included delegates from:

Cambodia,
China,
Lao People's Democratic Republic,
Mongolia,
Philippines,
Vietnam.

As well as technical officers from the Regional Office for the Western Pacific and WHO headquarters.

The objectives of the meeting were:

1) to review the strategic importance of pandemic influenza Vaccine as an integral part of a renewed approach to pandemic preparedness; and
2) to identify critical issues and priority actions to develop and update national deployment and Vaccination plans (NDVPs) for pandemic influenza Vaccines.

Participants learned about the global and regional efforts to strengthen countries' pandemic influenza preparedness capacities, including approaches promoted by the **Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED III) as framework to advance the implementation of the International Health Regulations,**

known as IHR 2005, for health security in the Region.

Participants were also invited to review the knowledge acquired throughout the meeting by participating in a question-and-answer session using the Mentimeter interactive presentation software.

Additionally, delegates completed the draft **WHO Influenza Vaccine Request Form.**

Member States were encouraged to advance national pandemic preparedness, including deployment and Vaccination planning, by engaging relevant ministries and stakeholders.

The key messages presented by Dr Liu Yunguo, Director of Programme Management at the Regional Office for the Western Pacific, highlighted the progress made by Member States in strengthening health security systems, and the role of the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED III) in providing a strategic framework for action to advance the implementation of the International Health Regulations, known as IHR(2005).

Moreover, he reinforced the importance of advancing emergency planning and system readiness, including on pandemic influenza vaccine deployment and vaccination operations as a way to mitigate negative consequences of a future pandemic.

Vietnam also highlighted its Vaccine manufacturing capacity.

The Lao People's Democratic Republic and Viet Nam stressed the establishment of emergency operations centres (EOC).

Philippines mentioned that its deployment plan requires testing through simulation exercises and greater clarity on roles and responsibilities across the stakeholders involved in the pandemic response.

Countries also suggested that progress made in capacity-building through implementing their National Action Plan for Health Security, or APSED workplans, **will provide a foundation in pandemic response, including for the**

pandemic influenza deployment and Vaccination operations.

Cambodia – NDVP planning update

The Cambodian delegation highlighted that their NDVP was updated in 2011 and that despite the fact that the country does not have a national seasonal influenza Vaccination policy, seasonal influenza Vaccine is available in the private market.

Regarding pandemic influenza Vaccines, national laws and regulations authorize the emergency use of Vaccines if they are prequalified by WHO.

To accelerate the registration, a fast-track process is in place for delivery through the public sector only.

China – NDVP planning update

Representatives from China stressed that the country was the first to produce the pandemic Vaccine in 2009 and that it is strengthening research and development of Vaccines and new antiviral drugs.

The country has established a well-functioning National Regulatory Authority (NRA), which can assess and ensure the quality, safety and efficacy of pandemic products.

From the 2009–2010 pandemic, the delegates identified several strengths, including:

1) high-level political support;

2) involvement of senior national Government officials in ensuring deployment and Vaccination as a priority activity and providing sufficient support at all levels;

3) external financial and technical support;

4) previous experiences in implementing polio and measles supplementary immunization activities (SIAs) and the capacities that these activities has built at the district and health centre level;

5) wide media coverage about the new virus that increased knowledge on the pandemic, and led to greater vaccine uptake.

PIPDeploy Game Mission 3: Public communication

Role of risk communication for pandemic influenza vaccine deployment and Vaccination

– Dr Ljubica Latinovic, WHO Regional Office for the Western Pacific

This presentation highlighted the importance of risk communications activities before, during and after a pandemic, and it stressed how building trust among stakeholders and communities can support the acceptance of public health interventions such as immunization campaigns.

Participants learned about the main communication challenges of new pandemic influenza vaccines, including:

1. perceptions of the risk may vary greatly – from outright panic to scepticism and resistance;
2. the introduction of a new vaccine will raise questions about its safety and officials need to provide these details in messages that are tailored for specific audiences to ensure they contain appropriate language;
3. there will be limited vaccines available and communication should inform who will be prioritized and why;
4. Vaccine hesitancy or high demand may occur or even both;
5. some health workers may not be supportive of Vaccination;
6. rumours may spread;
7. the need to communicate around AEFI.

To conclude, the presenter emphasized that countries should:

1) develop an effective communication strategy to ensure public acceptance for vaccination campaigns and uptake of the Vaccine by the priority groups;

2) use an integrated communication approach that should consider real-time feedback from all stakeholders involved, with a focus on the priority Vaccination groups and general population." - in "Workshop on National Pandemic Influenza Vaccine Deployment and Vaccination Planning to Strengthen Pandemic Preparedness, Manila, Philippines, 17-19 September 2019 : meeting report", September 2019.

18 October 2019

Event 201 Pandemic Exercise, New York

"The Johns Hopkins Center for Health Security in partnership with the **World Economic Forum (WEF), and the Bill and Melinda Gates Foundation (BMGF)**, hosted Event 201, a high-level Pandemic exercise on 18 October 2019, New York, NY.

Exercise team: Eric Toner, MD, exercise team lead from the Johns Hopkins Center for Health Security.

Crystal Watson, DrPH, MPH, Tara Kirk Sell, PhD, MA are co-leads from the Johns Hopkins Center for Health Security.

Ryan Morhard, JD, exercise lead from the **World Economic Forum (WEF), Jeffrey French is the exercise lead for the Bill and Melinda Gates Foundation (BMGF).**" - in "Event 201", Center for Health Security, Johns Hopkins University, October 2019.

Please bear in mind, that none of these are Governmental organisations, the Johns Hopkins University, the WEF, and the Bill Foundation are all de-facto Private Companies.

Dustin Moskovitz Funded "Event 201" Pandemic Simulation in 2019

Dustin Moskovitz an American entrepreneur and software engineer.

One of the co-founders of Facebook.

Moskovitz played a key role in the early development of Facebook and was the company's first chief technology officer. After leaving Facebook in 2008, he co-founded the software company Asana.

Peter Thiel

"Palantir - In May 2003, Thiel incorporated Palantir Technologies, a big data analysis company named after the Tolkien artifact.

He envisioned **Palantir as providing data mining services to government intelligence agencies that were maximally unintrusive and traceable.**

Palantir's first backer was the Central Intelligence Agency's venture capital arm In-Q-Tel. The company steadily grew and in 2015 was valued at $20 billion, with Thiel being the company's largest shareholder.

Facebook - In August 2004, Thiel made a $500,000 angel investment in Facebook for a 10.2% stake in the company and joined Facebook's board.

This was the first outside investment in Facebook and valued the company at $4.9 Million.

He provided help with timing the various rounds of funding and Zuckerberg credited Thiel with helping him time Facebook's 2007 Series D, which closed before the 2008 financial crisis." - in "Wikipedia", April 2024.

Palantir Technologies Inc. Services For Government Agencies & Pharmaceutical Companies

1 April 2020

"In mid-March 2020, The Wall Street Journal reported that Palantir was working with the CDC to Model the Potential Spread of the Virus.

Providing analysis of anonymized hospital and healthcare data, lab results and equipment supplies through a platform called Palantir Foundry.

In the U.K., **Palantir is also providing the National Health Service (NHS) with COVID-19 data analysis through the company's Foundry software.**

Palantir is also pitching its analytics software to government officials in France, Germany, Switzerland and Austria.

The company is apparently pitching both its Foundry software and a tool called Gotham, **which is best-known for helping intelligence and law enforcement agencies track individuals."** - in "Palantir Provides COVID-19 Tracking Software to CDC and NHS, pitches European Health Agencies", TechCrunch, 1 April 2020.

8 June 2020

"Britain's, **National Health Service (NHS), has given secretive U.S. tech firm Palantir access to Private Personal Data of Millions of British citizens,** according to a contract (G-Cloud 11 Call-Off Contract).

The NHS health records that Palantir has access to can include a patient's name, age, address, health conditions, treatments and medicines, allergies, tests, scans, X-Ray results, whether a patient smokes or drinks, and hospital admission and discharge information.

The contracts show Palantir charged only £1 for use of its Foundry data management software while Google offered "technical, advisory and other support" for free." - in "Britain gave Palantir access to sensitive Medical Records of Covid-19 Patients in £1 deal", CNBC, 8 June 2020.

10 June 2020

Centrally manage global operations on a single platform

Manufacturing Healthcare Finance Logistics Media

"Many major manufacturers use Foundry to link local-level decision-making at production sites and global-level decision-making by head office executives. **For the first time, these companies have an integrated feedback loop that allows them to "rethink" products**, proactively address quality issues, and optimize production." - in "www.palantir.com/jp/palantir-foundry/impact/", 10 June 2020.

Palantir Foundry

One Platform - Global Impact

"In Healthcare Research Labs, Foundry helps accelerate scientific discovery.

This allows researchers with real-time access to experimental results to do Science in ways never before possible, such as **performing statistical analyzes not possible in the past or making innovative discoveries about diseases.** Collaboration within the research community is ongoing.

Precision Medicine

Significantly revitalizes research activities at the National Institutes of Health (NIH) in the United States.

The National Institutes of Health's high-throughput sifting robots are testing tens of millions of cell lines and compounds.

The research team uses Foundry to analyze this huge amount of data, developing new applications for existing research results and discovering new synergistic effects between multiple drugs.

Creating a Patient Cohort

Centralize patient data to realize personalized Drug Administration

Several cancer care facilities use Foundry to overcome the negative effects of siled data environments.

Using a centralized data environment that complies with laws and regulations regarding patient privacy, physicians create segmented patient cohorts to provide personalized care. **A collection of humans with certain characteristics.**

Optimization of Sales Force
Realizing Adaptive Sales Activities Using Information

A Pharmaceutical Company used Foundry to integrate dozens of data sources to gain deep insights from market statistics.

This allows management to use Foundry to identify new revenue opportunities, and sales teams to feed feedback into Foundry to continually improve sales strategies." - in "www.palantir.com/jp/palantir-foundry/impact/healthcare/", 28 October 2020.

26 August 2020

"In the earlier days of the Covid-19 pandemic, the Department of Health and Human Services (HHS), United States, paid a shadowy Silicon Valley company, to build something new.

That company is called Palantir Technologies.

Palantir specializes in Data-Gathering & Analysis, most of which it does for Government Agencies.

It has about $1.5 Billion in U.S. Federal Government Contracts alone, including, recently, with the Space Force and the Navy.

In July 2020, with new Covid-19 case numbers breaking records daily, the HHS announced an abrupt shift in how that data would be reported: hospitals would now report their data exclusively to HHS Protect, a new platform Palantir developed that would be run by another private company called TeleTracking.

This would effectively replace the Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network." - in "Everything you need to know about Palantir, the secretive company coming for all your data", Vox, 26 August 2020.

1 October 2020

"US tech firm Palantir, known for supplying controversial data-sifting software to government agencies, has fetched a market value of nearly $22 Billion in its debut on the New York Stock Exchange.

In the first half of 2020, Palantir revenue rose 49% year-on-year, topping $480 Million." - in "Palantir: The controversial data firm now worth £17bn", BBC, 1 October 2020.

8 March 2021

The Contract Was Underway Throughout Final 6 Months 2019 Before The Pandemic Had Hit

"It has come as a trove that Palantir has secured its first ever deal to handle NHS data in March 2020, and has been entrusted with an emergency contract to assist in handling the Corona Virus pandemic through this data, for the nominal sum for £1.

On the other hand, Open Democracy revealed that it had initiated legal action over Palantir's long term involvement in the **analysis of public health data, as it was critical of the extension of the short term contract in December 2020.**

It will now run for 2 years, for the cost of £23.5 Billion.

Emails seen by the bureau clearly evidence the conversations held by Palantir and NHS chiefs about how the company could work with patient data and how **the Contract was underway throughout the final 6 months of 2019, before the pandemic had hit.**

By January 2020, Palantir's London team were already working on a product exclusively focused on the UK's Healthcare market.

This product comprised of the running secretive technology used by the NHS to track the Corona Virus outbreak and boasted of artificial intelligence, machine learning and big data, as tools that, if used right would enhance 'human freedom'.

According to a video on www.palantir.com/covid19/, it is the 'Foundry product' being used by the NHS:

> ***"From prime ministers to healthcare workers, Foundry provides a secure and strongly access controlled single source of truth."***

The pandemic has thrown an urgent spotlight on how profit-seeking companies interact with the NHS- (Any access that could potentially be granted to its 'Crown Jewels'- a £10 Billion a year cache of patient data with the government having handed out a series of emergency contracts to the private sector since the crisis hit)." - in "NHS and its legal dispute over data deal with controversial 'Silicon Valley' firm Palantir", Commercial Awareness Newsletter, Boost Blog, 8 March 2021.

13 August 2021

"Driving Data into Insight to the Next Hypothesis, fast.

Foundry is used across the Healthcare and Life Sciences value chain, from drug discovery and development, through to manufacturing, marketing, and sales.

It powers both fundamental and translational research for the National Institutes of Health (NIH), United States; and it's relied upon by providers, healthcare organizations, and healthcare systems such as the UK's National Health Service (NHS), United Kingdom.

Impact Studies: Unlocking Real World Evidence for Commercial Pharma; Powering Clinical Data Integration for Research & Development." - in "Health & Life Sciences", Palantir, 13 August 2021.

19 January 2019

"The heavily-redacted government documents shed new light on how the relationship between Palatir and the U.K.'s trade department began and developed.

They show that Fox, the then-British trade secretary, met privately with Palantir's U.K. chief Louis Mosley at Davos (World Economic Forum), on 19 January 2019.

On 23 January 2019, Fox hosted Mosely and Palantir's co-founder and chief executive Alex Karp at an invitation-only U.K. government Davos roundtable promoting Britain as a place to invest.

"We have a huge and as yet untapped resource through the UK's Single Healthcare System", Fox's briefing notes instructed him to tell the group. **"We aim to treble industry contract and Research & Development collaborative research in the NHS over 10 years, to nearly £1 Billion."**

Health benefits

The trade department's "Science and Scenarios" team then met Palantir on 4 March 2019.

The Trade Department's then-most senior civil servant Antonia Romeo met with Mosley and other Palantir staff in her office.

Briefing notes state she should underscore Fox's interest **"in Palantir's products and the potential benefits to government and the UK's Health Service."**

Romeo briefed Mosley **on NHSX, a spin-off of the health service which she pitched as working to "bring the benefits of modern technology to patients and clinicians" and "create the most advanced health and care service in the world."**

The Trade Department's objective in the meeting, according to briefing notes, was to offer government "assistance" to the firm and get them "to expand their software business" in the U.K." - in "UK trade department courted US firm Palantir over 'untapped' NHS data potential", Politico, 29 June 2021.

Palantir & British National Health Service (NHS)

"The firm has contracts relating to patient data from the British National Health Service (NHS).

In 2020, it was awarded an emergency non-competitive contract to mine Covid-19 patient data and consolidate government databases to help ministers and officials respond to the pandemic.

The contract was valued at more than £23.5 Million and was extended for 2 more years.

The awarding of the contract without competition was heavily criticised, prompting the NHS to pledge an open and transparent procurement process for any future data contract.

The firm was encouraged by Liam Fox "to expand their software business" in Britain.

It was said to be "critical to the success of the vaccination and PPE programmes."

Conservative MP David Davis called for a judicial review into the sharing of patient data with Palantir.

The procurement of a £480m Federated Data Platform by NHS England, launched in January 2023 has been described as a 'must win' for Palantir.

In January 2023 Palantir's founder, Peter Thiel, called Britain's affection for the NHS "Stockholm Syndrome" during a speech to the Oxford Union, going on to say that the NHS "makes people sick". A Palantir spokesman clarified that Thiel was "speaking as a private individual" and his comments "do not in any way reflect the views of Palantir".

NHS England's former artificial intelligence chief, Indra Joshi, was recruited by Palantir in 2022.

Palantir's UK head, Louis Moseley, was quoted internally as saying that

In November 2023, NHS England awarded Palantir a £330 million contract to create and manage the Federated Data Platform." - in "Wikipedia", April 2024.

20 September 2019

Bill Gates: I Want to Reinvent The Toilet

"The day I knew what I wanted to do for the rest of my life.

First Step: Reinvent The Toilet!

This belief in the power of innovation has been a constant in my life!" - William Henry Gates III, in "The day I knew what I wanted to do for the rest of my life", Gates Notes, 20 September 2019.

Crapping on Bill Gates "Reinvent the Toilet"

"Now that a winner has been declared, I think it confirms everything I was worried about.

The fact is, you don't need high tech to deal with poop and pee, you need a social organization like they had in China and Japan before the development of artificial fertilizer.

There was an entire economic infrastructure, like the boats and canals shown above in Shanghai, for picking the stuff up, processing and storing it to kill microorganisms, and using it as fertilizer.

It was valuable stuff; Kris De Decker writes:

> *"Shanghai traded and distributed the yield of its inhabitants over a specially designed canal network using hundreds of boats, a trade that brought in 100,000s of dollars every year. Human manure was considered a valuable commodity. In 1908, a Chinese business man paid the city 31,000 dollar (this would be more than 700,000 dollars today) to obtain the right to remove 78,000 tonnes of humanure per year from a region of the city to sell it to the farmers on the countryside."*

There is an economic value to this stuff.

Jobs could be created dealing with it.

It could be a source of income that is just being pissed and pooped away while they import fertilizer and phosphorus.

As Kris De Decker points out, it is not only the key to dealing with human byproducts (don't call it waste), it is the key to sustainable farming.

Yet all the Caltech toilet delivers is a fancy flush.

This is an issue that doesn't need technical innovation; it needs social organization." - in "Crapping on Bill Gates "Reinvent the Toilet" Winner", Treehugger Sustainability for All, 11 October 2018.

1 November 2019

"The Coalition for Epidemic Preparedness Innovations (CEPI) was formed in the aftermath of the 2014–2015 Ebola outbreak in west Africa to support the development of Vaccines that could improve the world's preparedness against outbreaks of epidemic infectious diseases.

Since its launch in 2017, CEPI has mobilized more than US$750 Million to support its mission to develop Vaccines against agents such as Lassa virus, Middle East respiratory syndrome Coronavirus, and Nipah virus, as well as several rapid-response Vaccine Platforms to accelerate response times to unexpected epidemic threats.

CEPI has also played a leading role in fostering institutional partnerships between public- and private-sector organizations to optimize allocation of resources for Vaccine development against its priority pathogens.

CEPI's priorities include diversification of its current Vaccine research and development investment portfolio to include additional pathogens, such as Rift Valley fever and chikungunya; establishment of technical and **regulatory pathways for Vaccine development across CEPI's portfolio;** development of sustainable manufacturing solutions for **Vaccine candidates nearing completion** of safety and immunogenicity **testing in humans**; and **creation of investigational stockpiles of its Vaccine candidates for use in emergency situations.**

This commentary provides an overview of the **Global Health Challenges CEPI was established to address and its achievements to date, and indicates priorities for Funding and Coordination in the coming years."** - in "CEPI: Driving Progress Toward Epidemic Preparedness and Response", Epidemiol Rev., 1 November 2019.

4 November 2019

WHO Pandemic Exercise In Nigeria

"The Pandemic Vaccine Deployment Workshop held from 4 to 6 November 2019 in Lagos, Nigeria, brought together participants from several sectors that play a key role in deployment and Vaccination operations.

The aim of the workshop was to initiate the development of Nigeria's National

Deployment and Vaccination Plan for Pandemic Influenza Vaccines (NDVP).

The interactive format of the workshop included a combination of presentations with the use of PIP Deploy.

31 representatives from different national agencies and institutions, the WHO country office and WHO headquarters attended the workshop.

Participants included experts in immunization, risk communications, logistics, immunization, surveillance and influenza.

The overall objective of the workshop was to support the country in drafting an updated National Deployment and Vaccination Plan for Pandemic Influenza Vaccines (NDVP) and to discuss key issues that should be addressed before, during and after a future influenza pandemic.

Other workshop objectives included:

1. to reinforce the importance of pandemic Vaccine deployment in the wider planning of pandemic influenza preparedness;

2. to stress the need to update Nigeria's NDVP for pandemic influenza;

3. to raise awareness of in-country planning in order to ensure capacities and capabilities for effective and efficient deployment of pandemic Vaccines.

Global mechanisms for effective deployment and Vaccination operations during an influenza pandemic:

The opening session of the workshop stressed the importance of planning for deployment and Vaccination operations in order to enhance Nigeria's response capacity in the event of an influenza pandemic.

The Pandemic Influenza Preparedness (PIP) Framework and the importance of Vaccination:

This session presented the PIP Framework, which was adopted by the World Health Assembly in 2011.

The framework is an innovative public health instrument that seeks to improve Global Preparedness for, and the Response to, the Next Pandemic.

The framework's key goals include improving and strengthening the sharing of influenza viruses with pandemic potential, and increasing the access of developing countries to pandemic Vaccines and other supplies.

Through PIP, some 420 Million doses of pandemic Vaccines, 10 Million treatment courses of antivirals and 250, 000 diagnostic kits will be available to countries in most need.

Enhancing pandemic influenza deployment and Vaccination capacities in Nigeria.

Regulatory pathways for pandemic influenza Vaccine deployment: overview of the Nigerian system:

This presentation provided an overview of the regulatory pathways available in the country to support the approval for use and importation of pandemic influenza Vaccines.

Participants learned about the National Agency for Food and Drug Administration and Control (NAFDAC) role in 8 regulating and controlling the:

Manufacture,
Importation,
Exportation,
Distribution,
Advertisement,
Sale and
Use of Drugs, including
Vaccines.

Mission 1: National Deployment and Vaccination Plan (NDVP)

On this mission, participants were invited to reflect on the NDVP structure and chapters, **according to the WHO NDVP Template.**

Additionally, they were asked to think about the management, organization, human resources and vaccination strategies that should be considered in Nigeria in the event of a pandemic influenza.

Key discussion points

Regarding Vaccination strategies, participants stated that the ultimate responsibility for determining the priority vaccination groups rests with the FMoH.

Additionally, the NPHCDA has operational responsibility and works with various partners to establish a national technical working group on immunization to decide which groups should be prioritized in the vaccination campaign, following recommendations provided by WHO Strategic Group of Experts (SAGE) on Immunization. There was discussion on whether the composition of the such a technical working group on immunization should be revised to better support a response to pandemic influenza.

Mission 2: Legal and regulatory planning

Key discussion points:

Participants mentioned that the donation agreement between WHO and the country should include not only vaccines but also the same number of syringes, as well as safety boxes, because Nigeria may not have the capacity to cover the cost of these products without external support.

Participants recognized the importance of well-defined procedures to expedite the importation of Vaccines and other supplies during an influenza pandemic.

Legal and regulatory aspects were recognized as a main barrier to a successful deployment operation." - in "Report of the WHO pandemic Vaccine deployment workshop, Lagos, Nigeria, 4-6 November 2019", World Health Organisation, November 2019.

1 December 2019

China Mandatory Vaccine Law Enters In Effect

"Order of the President of the People's Republic of China, No.30.

The Vaccine Administration Law of the People's Republic of China, adopted at the 11th Meeting of the Standing Committee of the Thirteenth National People's Congress on 29 June 2019, is hereby promulgated and shall go into effect as of 1 December 2019." - Xi Jinping, President of the People's Republic of China, in "Vaccine Administration Law of the People's Republic of China", Ministry of Justice PRC, 29 June 2019.

11 December 2019

WHO Pandemic Exercise In Vietnam

"Pandemic Influenza Deployment Workshop and Exercise: Ensuring Timely Access, Distribution, Use and Delivery of Pandemic Supplies." *- Hanoi, Vietnam, 11 to 12 December 2019.*

"To understand current capacities for **effective Deployment of Pandemic Vaccines** in Viet Nam and test the draft NDVP, the WHO Country Office convened a national "Pandemic Influenza Deployment Workshop and Exercise: Ensuring Timely Access, Distribution, Use and Delivery of Pandemic Supplies" from 11 to 12 December 2019 in Hanoi, Viet Nam.

The workshop was attended by 19 national experts representing a range of health institutions, from the Ministry of Health and Drug Administration to national and regional offices of CDC Viet Nam, **Pasteur Institute (France)**, agencies responsible for immunization, Vaccine Manufacturer as well as 11 experts from WHO Headquarters, WHO Regional Office for Western (WPRO), WHO Country Office in Viet Nam, and the **Centers for Disease Control and Prevention (CDC), USA.**

The simulation exercise offered by the adapted table top game "PIPDeploy" created an enabling environment for the workshop participants t**o test the draft National Deployment and Vaccination Plan.**

Participants appreciated the participatory and interactive nature of the exercise in which **they learned about the crucial components of the Vaccine deployment process: planning, Vaccine registration (in emergency situation),deployment and shipment, communication, and monitoring of events following immunization.**

The following recommendations are highlighted:

1. Regulatory processes to ensure rapid evaluation, licensing and importation of pandemic influenza Vaccines from various sources in a timely manner.

2. Coordinated strategy on domestic production (including forecast availability) of pandemic influenza Vaccines in the event of a pandemic.

3. Once the responsible agencies across all levels of the vaccine deployment cascade are determined, the necessary infrastructure and transportation need to be identified.

4. A comprehensive pandemic communication approach for deployment and Vaccination operations should be enclosed and should consider several target audiences and means of communication. In addition to public communication aimed at providing clear and reliable information about the disease, prevention measures, available Vaccines.

PANDEMIC INFLUENZA VACCINE DEPLOYMENT PLAN IN VIETNAM

The session presented the rationale for the development of the NDVP, the broader legal framework and key elements of its implementation. It provided an overview of the general influenza situation in Viet Nam, with recorded 1.6 - 1.8 million cases of seasonal influenza annually, and a number of **Vaccines used in the country:**

Vaxigrip (Sanofi Pasteur, France)
Fluarix (GSK, United Kingdom)
Influvac (Abbott, USA)
GC Flu (Green Cross, Korea)

Participants further learned the 10 proposed operational steps of the draft NDVP:

1. Development of the Pandemic Vaccines deployment plan by a group of 6 organizations, with the GDMP as the leading partner;

2. Identification of recipients and scope of pandemic influenza Vaccination, with 4 criteria for decision making and a list of priority population groups;

3. Identification of pandemic influenza Vaccines by a proposed group of expert institutions and the Ministry of Health as the final decision maker;

4. Procurement and reception, with detailed steps and procedures to follow;

5. Quality assurance of pandemic Vaccines by the National Institute for Control of Vaccine and Biologicals responsible to conduct the inspection of Vaccines and issue permits;

6. Vaccines deployment, and a detailed cascade of acquisition and transportation;

7. Training health workers in pandemic influenza Vaccination, with the proposed training strategy for the institutions at the national and provincial/municipal level;

8. Communication on performance of pandemic influenza Vaccination that consists of 4 elements – development of communication materials, training for health workers and communication staff, implementation of communication activities, M&E and communication support;

9. Pandemic influenza Vaccination, with subsequent 6 sub-steps;

10. Funding for implementation which describes sources of funding and expected expenses. The plan also contains a proposed stakeholder map with detailed distribution of responsibilities among involved stakeholders.

It was further noted that the global influenza pandemic had been listed under the WHO's Top 10 threats to global health in 2019, which reinforces the significance of the work Member States undertake towards strengthening national preparedness capacities.

The main elements of a National Deployment and Vaccination Plan for Pandemic Influenza Vaccines as proposed by WHO to Member States. It was noted that while the pandemic Vaccine deployment process builds on

the routine immunization structures, it also differs in many ways as it may imply Vaccinating different target populations compared to routing immunizations and it will involve a surge in response capacities.

Furthermore, **the introduction of a pandemic Vaccine during a pandemic, will require regulatory frameworks that allows for a fast and rigorous assessment of these medicinal products.**

MISSION 1: NATIONAL DEPLOYMENT AND VACCINATION PLAN

Mission 1 builds on the recommended structure and elements of a National Deployment and Vaccination Plan that covers the entire cascade of the Vaccine deployment and Vaccination process. WHO recommends that the NDVP shall clearly define all the processes, structures and **stakeholders required to deliver the pandemic Vaccine within 7 days and Vaccinate** at-risk populations.

Apart from being instrumental for pandemic preparedness, the NDVP is one of the key requirements for WHO donation of pandemic Vaccines.

Therefore, countries' ability to develop and implement the plan may play a crucial role in the allocation of donated Vaccines in the event of a pandemic.

To monitor Adverse Events following immunization, participants proposed that:

a. Vaccine recipients are asked to stay in the facility for the first 30 minutes after immunization;

b. Vaccination posts provide pamphlets with information on AEFI and contact information in case of any Adverse Reactions in the first 24 hours after the Vaccination." - in "Pandemic influenza deployment workshop and exercise: ensuring timely access, distribution and delivery of pandemic supplies, meeting report", Hanoi, Vietnam, World Health Organization (WHO), 11-12 December 2019.

20 January 2020

282 "Cases" of "Covid-19"

"Countries, territories or areas with reported confirmed cases of 2019-nCoV, 20 January 2020

Country / Territory	Number of confirmed cases
China – Hubei Province	258
China – Guangdong	14
China – Beijing Municipality	5
China – Shanghai Municipality	1
Japan	1
Republic of Korea	1
Thailand	2
Total	282

II. PREPAREDNESS AND RESPONSE:

WHO:

• Utilizing global expert networks and partnerships for laboratory, infection prevention and control, clinical management and mathematical modelling;

• Activation of R&D Blueprint to accelerate Diagnostics, Vaccines, and Therapeutics;

• WHO is working with our networks of researchers and other experts to coordinate global work on Surveillance, Epidemiology, Modelling, Diagnostics, clinical care and treatment, and other ways to identify, manage the disease and limit onward transmission." - in "Novel Coronavirus (2019-nCoV), SITUATION REPORT – 1, 21 January 2020", ZIKA VIRUS, WHO, 21 January 2020.

21 January 2020

The Invention of the "Covid-19" PCR Test In The Absence of a "Virus"

"In the case of **2019-nCoV, Virus isolates or samples from infected patients HAVE SO FAR NOT BECOME AVAILABLE** to the international public health community.

We report here on the establishment and validation of a diagnostic workflow for 2019-nCoV screening and specific confirmation, designed IN ABSENCE of available Virus isolates or original patient specimens." - Dr **Christian Drosten**, Charité Universitätsmedizin Berlin Institute of Virology, Germany, German Centre for Infection Research (DZIF), Berlin, Germany, in "Detection of 2019 novel coronavirus (2019-nCoV) by real-time RT-PCR", Eurosurveillance, **Article submitted on 21 January 2020.**

No Virus Required To Be Shown Just Sequence Data (Metagenomic Sequences)

Participants: It Is Entirely Valid To Use Metagenomic Sequences in Virus Taxonomy in The Absence of An Isolate or Direct Biological Data Such As Visualization of Viral Particles or Detection of Signs or Symptoms of Disease

"A workshop funded by the Wellcome Trust (UK) **to discuss frameworks for advancing viral taxonomy in the age of metagenomics was convened in Boston, MA, USA from 9-11 June 2016.**

Participants had wide-ranging expertise in viral genomics, metagenomic environmental studies, and virus classification (13 of the 26 participants were members of the International Committee on Taxonomy of Viruses (ICTV) Executive Committee).

The understanding in the workshop was that **the term metagenomic applies to any viral sequence that lacks biological or other experimental characterization,** although what a 'lack' means in practice has varied in the literature.

Sequence Data are already of paramount importance in viral taxonomy because they currently provide the only reliable means of representing evolutionary relationships at the required granularity; however, the workshop recognized that the data generated by high-throughput sequencing from environmental samples pose major challenges, particularly because increasingly powerful methods are generating overwhelming amounts of such data, **which are linked to little or no biological information.**

The workshop participants concluded that it is entirely valid to use metagenomic sequences in virus taxonomy in the absence of an isolate or direct biological data, such as visualization of viral particles or detection of signs or symptoms of disease." - in "**Metagenomic** sequencing and its impact on virus classification", International Committee on Taxonomy of Viruses, 9 June 2016.

31 January 2020
Italy Declares State of Emergency With Only 2 "Cases"

"Italy has 2 confirmed cases." *- in "Novel Coronavirus, Global & Regional Update. 10 AM WDC, PAHO, WHO", 31 January 2020.*

"On 29 July 2020, the Italian Council of Ministers issued a resolution extending the state of health emergency throughout the national territory until 15 October 2020.

The council had originally declared a 6 month state of emergency starting on 31 January 2020, thereby amending the general 12-month limit for the duration of nationwide declarations of states of emergency established in article 24(3) of Legislative Decree No. 1 of January 2, 2018.

Reiterating the health risks associated with the transmission of the coronavirus, the resolution states that "the context of the current risks imposes the continuation of extraordinary and urgent measures to adequately address possible situations of harm to the population throughout the national territory." (Resolution para. 20.)

Consequently, provisions provided in previous legislation and regulations with regard to curbing the spread of the virus, granting government funds to distressed companies, conducting education and elections, and establishing alternative penitentiary measures will remain in effect." - in "Italy: State of Health Emergency Extended until October 15, 2020", US Library of Congress, 11 August 2020.

Italy: Declaration of State of Emergency due to Covid-19 Pandemic Extended

"On 25 December 2021, Decree Law No. 221 (D.L. No. 221) entered into effect in Italy, extending the declaration of national emergency due to the COVID-19 pandemic and implementing other urgent measures to safeguard human health.

Declaration of National Emergency due to COVID-19

Considering the health risks associated with the protracted spread of the COVID-19 virus, D.L. No. 221 extends the state of emergency until March 31, 2022. Accordingly, the head of the Civil Protection Department and the extraordinary commissioner for the fight against COVID-19 are further empowered to adopt measures for the routine continuation of activities necessary to counter and contain the epidemiological emergency. (D.L. No. 221, art. 1(1)–(2).)

In accordance with previous legislation enacted in September 2021 establishing stringent Green COVID-19 certification obligations, D.L. No. 221 provides that effective from February 1, 2022, the duration of green COVID-19 certifications is reduced from nine to six months. (Decree-Law No. 52 of April 22, 2021, art. 9, para. 3, substituted by D.L. No. 221, art. 3(1).)

The functioning of the COVID-19 alert system and national telephone answering service for health surveillance is also extended to December 31, 2022. (D.L. No. 221, art. 15(1).)

Mandatory Use of Masks Extended

The decree also makes it obligatory throughout the country to wear masks, even in outdoor places, for the entire month of January. (Art. 4(1).) **Also mandatory for the duration of the state of emergency is the use of FFP2**

respiratory protection devices for persons attending shows open to the public, whether indoors or outdoors, including sporting events. (Art. 16(2).)

Consumption of Food and Drinks at Public Events

The consumption of food and drinks at either indoor or outdoor shows open to the public, including sporting events, besides those provided by the catering services at the same establishment, is prohibited during the state of emergency. (Art. 4(2).) **During the state of emergency, only persons possessing COVID-19 Green Certifications** are permitted to consume food and drinks indoors at the counter at catering services. (Art. 5(1).)

Prohibition of Mass Events

For the whole month of January 2022, mass events, including parties, however named, and like events and concerts that involve gatherings in open spaces, as well as activities taking place in dance halls, discos, and similar places are prohibited. (Art. 6(1)–(2).)

Green Certification for Visiting Hospices

Until the end of the epidemiological emergency, only persons holding a green COVID-19 certification, including the booster dose, are permitted access to residential, social welfare, and hospice facilities. Such authorization is also issued to individuals who possess a COVID-19 green certification, after completion of the primary vaccination cycle, or after the issuance of a medical certificate attesting recovery from COVID-19, or a certification attesting the negative result of the rapid or molecular antigen test, performed within 48 hours before accessing the facilities. (Art. 7(1)–(2).)

The decree also provides that rapid antigen tests are to be performed free of charge. (Art. 9(1).)

Sanitary Control of Access to the National Territory

The legislation appropriates additional funds to allow border maritime, air, and other land sanitary units of the Health Ministry to carry out at ports of entry antigenic or molecular tests of travelers entering the national territory. **Travelers who test positive are directed to "COVID Hotels" for the implementation of fiduciary isolation for a period of 10 days, at their own expense.** (Art. 11(1)–(2).)

Administration of Vaccines at Pharmacies

For the rest of 2022, the legislation appropriates additional funds in the amount of 4.8 Million Euros to allow for the free Vaccination of citizens. (Art. 12(1).)" - in "Italy: Declaration of State of Emergency due to COVID-19 Pandemic Extended", Library of Congress, 21 January 2022.

4 February 2020 U.S. Department of Defence Requests a Vaccine for Covid-19, While There Are 0 Deaths & 11 Alleged Cases Tested by PCR

11 Alleged Cases
0 Deaths

And the U.S. Department of Defence is requesting a Vaccine?

> ***"11 Cases of Coronavirus-19 in the USA."*** *- in "Novel Coronavirus(2019-nCoV), Situation Report – 15", WHO, 4 February 2020.*

"Speaker [Mark Esser]: It's really a pleasure to share with all of you a little bit of the journey that the "long-acting antibody" team has taken in 2020.

But actually our story begins back in 2017 in the basement of a Quality Inn in Tysons Corner VA at the Defense Department Industry Day.

There, I met **Col. Matt Hepburn, who is actually the architect of the Pandemic Prevention Platform P3.**

And, the goal of P3 was going from the discovering a novel virus to **producing drugs in less than 60 days.**

The team has actually been pretty successful on the early discovery engine piece and had **won a biopharma R&D award about this time last year.**

So, in January we were all anxiously following the emerging news from China about the new disease.

It wasn't a surprise to me when I **got a call on 4 February from the U.S. Defense Department**, saying that the newly discovered Sars-2 virus posed a national security threat.

We needed to stop everything we were doing on our model system influenza, and put everything onto Sars-2." - in "AstraZeneca meeting", September 2020.

> *Just bear in mind that there where only 11 alleged cases of an alleged "virus", and no deaths, and the Department of Defence is calling around asking for a Vaccine?*

"AstraZeneca has received support of around **$486 Million**, from the US Government for the development and supply of AZD7442 under an agreement with the Biomedical Advanced Research and Development Authority (BARDA), part of the Office of the Assistant Secretary for Preparedness and Response at the US Department of Health and Human Services, and the Department of Defense Joint Program Executive Office for Chemical, Biological, Radiological and Nuclear Defense." - in "COVID-19 Long-Acting AntiBody (LAAB) combination AZD7442 rapidly advances into Phase III clinical trials", AstraZeneca, 9 October 2020.

6 February 2020
First Covid-19 Death in the USA

"First Covid-19 death in the United States." *- in "Coronavirus Timeline", U.S. Department of Defence, 2020.*

21 February 2020
Italy Announces: First Covid-19 Death, But Declared A State of Emergency 22 Days Before; On The 31 January 2020

'Alone': How Italian town with 1st known virus death fared. By the evening of 21 February, a 77-year-old retired roofer from Vo, a wine-making town in the Veneto region, had died — at the time, the first known fatality." - in "Alone': How Italian town with 1st known virus death fared", AP, 22 February 2020.

22 January 2020

Italy Became the First Country To Implement A Lockdown

"A dozen towns in northern Italy effectively went into lockdown on Saturday after deaths of 2 people infected with the coronavirus from China, and a growing cluster of cases with no direct links to the origin of the outbreak abroad. The secondary contagions **prompted authorities in some Lombardy and Veneto towns to close schools, businesses and restaurants, and to cancel sporting events and religious services.** The mayor of Milan, Italy's business capital and the regional capital of Lombardy, shuttered public offices." - in "Coronavirus: northern Italian towns close schools and businesses", The Guardian, 23 February 2020.

*"**Italy imposes draconian rules** to stop spread of coronavirus.*
People caught entering or leaving outbreak areas to be fined, after country's 3rd death.
***Italian authorities have implemented draconian measures** to try to halt the coronavirus outbreak in the north of the country, including imposing fines on anyone caught entering or leaving outbreak areas.*
Police are patrolling 11 towns – mostly in the Lombardy region, where the first locally transmitted case emerged – that have been in lockdown since Friday night." - in "The Guardian", 23 February 2020.

23 January 2020

China Becomes Second Country in the World to Implement a Lockdown

"China's decision to lockdown Wuhan, a city of 11 million people, shows how committed the authorities are to contain a viral outbreak that emerged in a seafood market there, a World Health Organization (WHO), representative in Beijing." - in "Wuhan lockdown 'unprecedented', shows commitment to contain virus: WHO representative in China", Reuters, 23 January 2020.

No State of Emergency Was Ever Declared In China

"The lockdown measures put in place by China were so severe and strict that they were described by the World Health Organization's (WHO), country representative to China, Dr Gauden Galee, as '**new to science' and 'not tried before as a public health measure'.**

Indeed, on 23 January 2020, the Wuhan Command Centre on the Prevention and Control of the Novel Coronavirus Pneumonia Epidemic (Wuhan Command Centre), issued its Public Notice No 1, which shut down all public transport including outbound trains and flights, effectively cutting off Wuhan from the rest of China.

On 10 February 2020 (11 February 2020 as the notice was issued after midnight), Public Notice 12 was issued by the Wuhan Command Centre.

This Notice imposed the immediate close-off of all residential blocks in Wuhan and ordered those who were diagnosed with, or who were suspected of having been infected by Covid-19, to stay inside their apartments.

Two days later, the Wuhan Command Centre issued another notice, elaborating the meaning of 'closed-off management'.

According to the Notice, only 1 entry/exit point, staffed with inspection personnel all hour round, was allowed for each residential block and the actual implementation of such measures were to be undertaken by district governments.

In practice, this effectively locked up some 11 million residents in their own apartments without any mobility allowed.

China began to encourage the use of a **Health QR Code System**, a mechanism first introduced in Hangzhou in early February 2020, when the Notice on the **"Prevention and Control of Novel Coronavirus Pneumonia Epidemic with Scientific Precision"**, was issued on 24 February 2020.

An early study suggests that the Health QR Code has helped control the spread of Covid-19 in China, but, as **it is effectively compulsory for everyone, the Health QR Code,**

it relies on "troves of data the authorities have collected from individuals — including their:

Personal Information,
Location,
Travel History,
Recent Contacts,
Health Status."

Many worried that their personal information might be leaked, and that their information security could not be ensured, while most public notices on restrictions did not mention sanctions on violation, Chinese laws have always imposed civil sanctions, such as fines, for violation of social order.

For instance, Article 50 of the Law of the PRC on Administrative Penalties for Social Order **Administration imposed a fine of up to 500 Yuan RMB (in addition to detention between 5 and 10 days), in the case of non-compliance with government orders or decisions issued in times of emergency.**

For more serious cases, criminal sanctions are always available to the law enforcement authorities.

In light of these strict often described as draconian lockdown measures, imposed in many cities or parts of a city in late 2020 in China, **it has been puzzling to many that no state of emergency, either for a specified area or for a province or even nationwide as indeed most cities in China were partially locked down, was ever declared."** - in "China's legal response to Covid-19", Lex-Atlas: Covid-19, 12 May 2021.

Countries & Territories Without Lockdowns All Survived

Country	States
Belarus	
Brazil	Roraima
	Rondônia
Burundi	
Iceland	
Japan	
Nicaragua	
South Korea	
Sweden	
Taiwan	
Tanzania	
United States	Arkansas
	Iowa
	Nebraska
	North Dakota
	South Dakota
	Wyoming
Uruguay	

2 March 2020
UK Government Signs a 12 Month Contract With U.S. Advertising Company

"Government sign £119 Million Covid Advertising deal with OMD Group *(subsidiary of US Omnicom)." - in "Telegraph", 25 October 2020.*

If you have a "pandemic" you need an advertisement campaign.

6 March 2020
The Coronavirus Panic is Dumb

"The Coronavirus Panic is Dumb." *- Elon Musk, businessman and investor, in "Twitter", 6 March 2020.*

"And then Covid happened, and I couldn't believe it, right, so when ***I took the Moderna Vaccine, I got Vaccine Injured, people told me to shut up about it not talk about it. When I looked into it, I found out we were being lied to about everything. They lied about masks, they lied about herd immunity, they lied about natural immunity, they lied about transmission, they lied about contraction, there wasn't a thing they didn't lie about. That's why they told you "please don't do your own research", because if you did you'd find out that this was a big scam, and everybody was lying to you about it from start to finish. The average age of death from Covid in the United States is 82 years old, the average life expectancy in the United States is 77 year old. So if you get Covid, you get 5 more years. That's what it looks like to me, so there wasn't a thing they didn't lie about."*** *- Jimmy Dore, in GB News, 4 June 2024.*

In March 2020 I Started Getting Calls From Various People

"**Dominic Cummings:** I think, fundamentally, **on vaccines, there was clear responsibility. There was someone who was actually in charge of it - Kate Bingham.**

She was working with Patrick Vallance (Physician, Scientist, Clinical Pharmacologist worked in both Academia and Industry, Chief Scientific Adviser to the Government of the United Kingdom since March 2018); she built a team of people who understood what they were doing.

We had a kind of formal thing which was:

> ***"You're in charge of it.***
> ***You report basically directly to the Prime Minister.***
> ***You don't report to the Department of Health."***

So **she knew who her boss was** on it. **She built a great team**, and we also said to her:

> ***"Treat this like a wartime thing.***
> ***Ignore rules.***
> ***If lawyers get in your way, come to us and we'll find ways of bulldozing them out of your way."***

Clear accountability, people who really understood what they were doing.

There was some great technical help.

Those things, when you put them together.

Patrick Vallance texted me on 24 March 2021.

The conventional wisdom was that we were not going to be able to have any Vaccines in 2020.

In March 2020, I started getting calls from various people saying:

> ***"These new MRNA vaccines could well smash the conventional wisdom, and don't necessarily stick to it."***

People like Bill Gates, and that kind of Network were saying that.

Essentially, what happened is that, **there was a Network of Bill Gates-type people who were saying:**

> ***"Completely re-think the whole paradigm of how you do this. Build in parallel:***
>
> ***- Here is the Science thing;***
> ***- Here is the Manufacturing thing;***
> ***- Here's the Distribution;***
> ***- Here's the Supply;***
> ***- Here's the Logistics;***
> ***- Here's the Data."***

The normal thing is that you do those sequentially.

What Bill Gates, and people like that said to me, and others at No. 10 was:

> ***"You need to think of this much more like some of the classic programmes of the past - the Manhattan project (that produced the first nuclear weapons) in World War II*** *, or the Apollo programme - and* ***build it all in parallel."***

In normal Government accounting terms, that is completely crazy, because if nothing works out you have spent literally billions building all these things up, and the end result is nothing - you get zero for it, it's all waste.

What Bill Gates, and people, and Patrick Vallance and his Team were saying, was that the actual expected return on this is so high.

That even if it does turn out to be all wasted billions, it is still a good gamble in the end.

All the conventional Whitehall accountancy systems for that cannot basically cope with it, and you have to throw them all down the toilet.

That is, essentially, what we did.

Sir Patrick Vallance, Government Chief Science Adviser came to me and said:

"I want to do this.
I think we must take it out of the Department of Health."

Bear in mind that this was the time we were having all the conversations about Personal Protective Equipment (PPE), **testing**, shielding and all the things we have gone through today already, with all these different things being wrong.

Patrick said:

"Take it out of the Department of Health.
Will you support me on that with the Prime Minister?"

I said:

"Absolutely - damn true I will."

I spoke to the Cabinet Secretary and he completely agreed because, also, he was watching all of these meetings in April 2020 about all the problems the Department of Health had.

So weirdly, this was one of the things that actually had almost no real formal meetings and actually very little discussion.

Patrick, me and the Cabinet Secretary all basically went to the Prime Minister when he came back from being ill and said:

"There's just no alternative.
We've got to do it like this. It's inconceivable we can leave it in Department of Heath.
Here's the structure."

And the Prime Minister just decided in 90 seconds:

"Fine. Do it."

That was it, and there was basically not really any formal structure." - Dominic Cummings, former Chief Adviser to the Prime Minister, in "Health and Social Care Committee and Science and Technology Committee, Oral evidence: Coronavirus: Lessons learnt, HC 95", House of Commons, UK Parliament, 26 May 2021.

19 March 2020
Turn Tide In 3 Months But Signed A Contract For 1 Year of Pandemic Advertisement

"Prime Minister says the UK can "turn tide of coronavirus" in 12 weeks." *- in "Institute for Government analysis."*

20 March 2020

DOD Is Running the "Pandemic" But Not Informing, Nor Seek Authorization From The U.S. President

"- Secretary Pompeo: There's been some discussion about China and what they knew and when they knew it. We need to know immediately.

The world is entitled to know. **The Chinese government was the first to know of this risk to the world.**

And that puts a special obligation to make sure that data gets to our scientists, our professionals.

This matters going forward.

We're in a live exercise here to get this right.

- The President Donald Trump: **Should have let us know.**

- Secretary Pompeo: We need to make sure that even today, the datasets that are available to every country, including **datasets that are available to the Chinese Communist Party, are made available to the whole world.**

It's an imperative to keep people safe." - in "Remarks by President Trump, Vice President Pence, and Members of the Coronavirus Task Force in Press Briefing", 20 March 2020.

"International Health Engagement. U.S. military international health engagement activities play a significant role in assisting partner nations to strengthen health systems in order to more fully comply with the International Health Regulations, **in line with the intent and goals of the Global Health Security Agenda.**" - in "Bring DOD Fully into the Mix of Pandemic Preparedness and Response", Center for Strategic and International Studies, 30 June 2022. "Is the well-publicized and **unprecedented rapid development of highly effective Vaccines and therapeutics in Operation Warp Speed.**

Also on the positive side is the **Department of Defense response, including U.S. Northern Command's organization and execution of the military augmentation of the overwhelmed public healthcare system, and the Department's logistical planning assistance to Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) as they contemplated the herculean task of Vaccinating a nation of 330 Million."** - in "DoD's Role in Preparing for the Next Pandemic", Real Clear Defence, 3 February 2024.

22 March 2020
Persuasion & Coercion

"Persuasion

2. Perceived threat: A substantial number of people still do not feel sufficiently personally threatened; it could be that they are reassured by the low death rate in their demographic group, although levels of concern may be rising. Having a good understanding of the risk has been found to be positively associated **with adoption of COVID-19 social distancing measures in Hong Kong.**

The perceived level of personal threat needs to be increased among those who are complacent, using hard-hitting emotional messaging. To be effective this must also empower people by making clear the actions they can take to reduce the threat

Coercion

7. Compulsion: Experience with UK enforcement legislation such as compulsory seat belt use suggests that, with adequate preparation, rapid change can be achieved. Some other countries have introduced mandatory self-isolation on a wide scale without evidence of major public unrest and a large majority of the UK's population appear to be supportive of more coercive measures.

For example, 64% adults in Great Britain said they would support putting London under a 'lock down'. However, data from Italy and South Korea suggest that for aggressive protective measures to be effective, special attention should be devoted to those population groups that are more at risk. In addition, communities need to be engaged to minimise risk of negative effects.

Consideration should be given to enacting legislation, with community involvement, to compel key social distancing measures." - in Options for increasing adherence to social distancing measures", Scientific Advisory Group for Emergencies, Gov.UK, 22 March 2020.

23 March 2020
UK Announces First Lockdown But Signed 1 Month Before A Contract For 1 Year of Pandemic Advertisement

"Prime Minister Announces the First Lockdown in the UK, Ordering People to "Stay at Home." *- in "Institute for Government analysis."*

1 April 2020
Act like You've Got It

"Act like You've Got It." - in "Gov.UK", Twitter, 1 April 2020.

"Protect yourself and your community from the virus if you're shopping for essentials this weekend" - UK Prime Minister, in "Official No.10, Facebook", 24 January 2021.

To Act As If Something Is True When It Is Not

"These words all describe behaving as if something is true when you know it is not.

A common word for this is **Pretend.**

Pretend is used when you are behaving like something is true as part of a game, or in order to deceive someone.

Make Believe is similar to Pretend, or to say that someone is acting like something that is important is not.

When you are pretending to be someone or something as part of a game, you can say you are **playing at something**.

If you are pretending to be someone or something for a particular reason, for example in order to learn something, you can say you are **role-playing.**

You can use **fake to talk about pretending that you are feeling a certain way.**

Fake is also used to talk about pretending that you are ill when you are not.

Feign is a more formal way of saying that you are **pretending** to have a particular problem or feeling.

You can also use affect in very formal language to say you are **pretending to feel or think something.**

If someone or something **purport**s to do or be something, they are pretending to be that thing, but in a way that is not easy to believe. Purport is used in formal language.

In formal language, you can use dissimulate or dissemble when you are pretending that you do not feel a certain way, or are trying to hide facts from others in order to keep them from finding out something.

If you pretend, you are **keeping up appearances." - in "to act as if something is true when it is not", Thesaurus, Dictionary, Cambridge University Press, 2024.**

7 April 2020

Police Fine People For Sitting in Their Cars Watching Sunset

"For committing the crime of acting in a way that was deemed unnecessary and non essential these people were fined $1,000." *- in "Police fine people $1,000 for sitting in their cars watching sunset", The Post Millennial, 7 April 2020.*

9 April 2020

Impact of Vaccines: Economic & Social Perspectives

"In the 20th century, the **development, licensing and implementation of Vaccines** as part of large, systematic immunization programs started to address health inequities that existed globally.

However, at the time of writing, access to Vaccines that prevent life-threatening infectious diseases remains unequal to all infants, children and adults in the world.

This is a problem that **many individuals and agencies are working hard to address globally.**

As clinicians and Biomedical Scientists we often focus on the health benefits that Vaccines provide, in the prevention of ill-health and death from infectious pathogens.

Here we discuss the health, economic and social benefits of Vaccines.

As a result of the combined effects of poverty, malnutrition, poor hygiene and sanitation, overcrowding, discrimination and poorer access to health-care, the underprivileged in society are disproportionately afflicted by infectious diseases.

Vaccination, along with sanitation and clean drinking water, are public health interventions that are undeniably responsible for improved health outcomes globally.

There is still much to be done to ensure the financing, provision, distribution, and administration of Vaccines to all populations, in particular those which are difficult to reach, including those skeptical about their protective value and those living in civil disruption.

Agencies including the:

1. World Health Organization (WHO)
2. United Nations Children's Fund (UNICEF)
3. Gavi, the Vaccine Alliance (GAVI)
4. The Bill & Melinda Gates Foundation (BMGF)
5. Coalition for Epidemic Preparedness Initiative (CEPI)

With their multiple funding streams have been instrumental in expanding Vaccine benefits to all.

The importance of These Organizations in Global Co-operation and participation was essential in the setting of the 2019 Global Pandemic of SARS-CoV-2, in light of the health and economic impact of COVID-19 on societies in high-, middle- and low-income countries.

This review will highlight the benefits of Vaccinations to society from the perspectives of health, Economy and Social Fabric, which need to be considered in the overall assessment of impact to ensure that vaccines are prioritized by those making funding decisions.

Owing to the previous advances in Vaccinology, **by 8 April 2020, there were 73 Vaccine candidates** under pre-clinical investigation (Thanh Le et al., 2020).

Of these, 6 were in Phase 1 or 1/2 trials, and 1 was in Phase 2/3 trials by 28 May 2020.

The rapidity of this response demonstrated the ability to harness existing technologies including:

RNA Vaccine platforms,
DNA Vaccine platforms,
Recombinant vector Vaccines and Adjuvants.

The regulation, manufacturer and distribution of these Vaccines will require expedition given the Global Public Health need, From a period of many years To a matter of months.

The Expanded Program of Immunization (EPI) was founded by WHO in 1974 with the **aim of providing routine Vaccines to All Children** by 1990 (World Health Assembly, 1974).

In 1977, global policies for immunization against diphtheria, pertussis, tetanus, measles, polio, and tuberculosis were set out.

The EPI includes hepatitis B, Hib, and pneumococcal vaccines in many areas and by 2017, 85% of the world's children (12–23 months of age) received diphtheria, pertussis, tetanus, and measles vaccines (World Bank, 2019).

The Returns on Investment in Vaccines, given their increasing provision through Gavi, have been estimated at 12% to 18% (Bloom et al., 2005), but this is likely an underestimate.

Emerging Infectious Diseases disproportionately affect Developing Regions. There were 1,307 Epidemics of Infectious Diseases between 2011 and 2017. The CEPI alliance was established at the Davos World Economic Forum (WEF) in 2017 as a global partnership between:

1. **Public**
2. **Private**
3. **Philanthropic Organizations**

In response to the conclusion that "a coordinated, international, and intergovernmental plan was needed to develop and deploy new vaccines to prevent future epidemics", CEPI have identified the most important known global infectious threats and invested in the development of Vaccines, stockpiling.

Further, the establishment of research and development infrastructure pipelines will allow production of suitable Vaccine candidates within 16 weeks of identification of a new pathogen antigen.

The broader aims including:

Improving Global Epidemic Responses;
Capacity Building; and
Global Regulation of Outbreak Management Strategies are also within the remit of CEPI's work.
It is these types of preparedness plans that assisted Vaccine Development and Global Health Collaborations to address the Covid-19 Pandemic." - in "Impact of Vaccines; Health, Economic and Social Perspectives", Front Microbiology, 14 July 2020.

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17 April 2020

A Good Death

"Dr Luke Evans: A Good Death Needs 3 Things:

1. Equipment,
2. Medication, and the
3. Staff to administer it.

On equipment, do you have enough Syringe drivers in the NHS to deliver Medications to keep people comfortable when they are Passing Away?

Matt Hancock, Secretary of State for Health and Social Care: Yes, we have. A challenge was raised on that about 8 days ago, it was not as big a challenge as was made public, and we have resolved it. Yes; right now we have enough.

Dr Evans: The syringe drivers are used to deliver medications such as midazolam and morphine. Do you have any precautions in place to ensure that we have enough of those medications?

Matt Hancock: Yes. We have a big project to make sure that the global supply chains for those sorts of medications, as well as the ITU medications are clear.

In fact, those medicines are made in a relatively small number of factories around the world, so it is a delicate supply chain and we are in contact with the whole supply chain.

Dr Evans: In line with that, morphine is currently prescribed per patient. The reason for that is to stop it being abused. If you are going into a healthcare home, you may not want to waste precious things such as morphine. Have you considered relaxing the laws on doctors and healthcare professionals prescribing morphine, so that there is no waste?

Matt Hancock: That is something we keep under review. I have looked at that particular point, to reduce wastage of key medicines. It is something that the supply and clinical teams in the Department talk about all the time. I do not know if that is Professor Van-Tam part of the clinical team. He may want to say more.

Professor Jonathan Van-Tam, Deputy Chief Medical Officer for England: I have nothing really to add on that.

Matt Hancock: The 5th part is Vaccines and Treatments. Clearly.

On Vaccines, obviously, the UK is playing an absolutely world-leading role, but there is still some time to go.

The reason that there is still some time to go is that because the mortality and morbidity from this disease are relatively low, the proportion of people who, sadly, die is relatively low—you do have to test Vaccines, because of the risks of **putting a Vaccine into the general population that itself does damage.**" - in "Oral evidence: Preparations for Coronavirus, HC 36", Health and Social Care Committee, House of Commons, UK, 17 April 2020.

18 April 2020
Stay Home, Do Some Baking

- UK Prime Minister, in "@10DowningStreet", Twitter, 18 April 2020.

9 May 2020
Think Carefully About How & When We Travel

"So, getting Britain moving again, while not overcrowding our transport network, is going to require many of us to Think Carefully About How and When We Travel.

Everyone Involved

We have accomplished so much over the past 7 weeks of lockdown. Millions of households across the UK have changed their behaviour for the greater good.

Active Travel

During the crisis, millions of people have discovered the benefits of active travel. By cycling or walking, we've been able to enjoy this remarkably warm spring whilst sticking to the guidelines. In some places, there's been a 70% rise in the number of people on bikes whether it's for exercise, or necessary journeys, such as stocking up on food.

When the Country Goes Back to Work
We Need Those People to Carry on Cycling and Walking & Joined by Many More

So, while it's still crucial that we stay at home, when the country does get back to work, we need those people to carry on cycling and walking, and to be joined by many more. Otherwise, with public transport capacity severely restricted, more cars could be drawn to the road and our towns and cities could become gridlocked.

New World

We also know that in this new world, pedestrians will need more space." - in "Transport Secretary's Statement on Coronavirus (COVID-19)", Downing Street, London, 9 May 2020.

8 July 2020

Purpose Disruptors

"In July 2020, Companies from across the UK's creative industry came together to launch "The Great Reset".

The initiative was led by "Iris", and the "Purpose Disruptors", and intended to maintain and promote the positive behaviours and environmental shifts created during lockdown." - in "The Great Reset", Iris Worldwide, 8 July 2020.

14 August 2020

The Great Reset Aims To Tackle Climate Crisis & Spearhead New normal

"Adland eco-group "The Great Reset" is calling on the creative industry to continue the environmentally positive patterns of lockdown life.

What is The Great Reset?

In 2019, the Create and Strike campaign saw ad land take a strong stance against environmental disaster, and now its organisers have unveiled the next chapter of its mission, "The Great Reset", which aims to tackle the climate crisis and spearhead a 'new normal'.

The Great Reset is an initiative created by a group called 'The Purpose Disruptors', and calls on the creative industry to continue the environmentally positive behaviours that occurred during lockdown." - in "The Great Reset has set 'the most important creative brief the industry will ever work on", The Drum, 14 August 2020.

4 August 2020

Dr Fauci Have You Been Misleading the Public

" - To the charge you've been Misleading the American Public?

- I have not been misleading the American public under any circumstances." - Dr Anthony Fauci, MD in "GMA", ABC News, 4 August 2020.

25 September 2020

What We Pause Today Will Shape Our Tomorrow

"What We Pause Today Will Shape Our Tomorrow"

Image Source: "Clear Channel Supports The Great Reset", Clear Channel, 25 September 2020.

The Scary Flying Virus Story Farce

"To a lay person, they still go along with the idea that there was a nasty "scary virus", moving from person to person, and I think that's part of the reason why they've got publicity, because it doesn't matter that marks, if a few dozen people say don't take these Jabs they're dangerous, if everybody who's going to take 1 has already had 1, or more than 1, like 5.6 Billion people, so well done now for advising people not to take them.

When for 2 years, you more or less coerced people into doing it.

But the worst thing is that, they will say things like "The World Health Organization (WHO) is talking about the Next Pandemic."

Folks there's not been a pandemic, if they are talking about an Acute Respiratory Illness, they are impossible.

Because, you can start by looking at the Dr Milton J. Rosenau, MD (Experiments to Determine Mode of Spread of Influenza", JAMA, 2 August 1919), that investigated transmission of the Spanish Flu in 1918 to 1919.

They never managed to demonstrate symptomatic transmission, from person to person.

I didn't know this in 2020.

I believe the same thing, that most people did, which is that Acute Respiratory Illnesses are caused by sub-microscopic particles called viruses.

I don't believe that's true.

And once you look at the failure to transmit, I've seen papers over at least 60 years all of which are negative, the latest was in the 1980s, large studies where people set off daily, thinking well we'll be able to demonstrate by bringing people with Influenza, or Common Colds into contact with people with history of those things recently, and who were perfectly well.

And getting them to spend 1 hour or so, with half a dozen people with this, and you'd expect some of those people would pick it up, and they didn't.

They did not get these symptoms, at any higher rates than people exposed to people who weren't.

So there were no differences, so that means, when they tell you, isn't like flying Ebola, they're lying, because that's not the way it works.

And yet the people who Alex just mentioned, who are the approved opposition, they are still reinforcing The Scary Flying Virus in the Air Story which is not true.

I found it quite remarkable that, again, I didn't really realize this solidly I suppose, until the last year or so, I knew there were problems anyway, that is there were not any more deaths in the during the early part of the So-Called "Pandemic", when nothing was being done, and you would think surely there would be people, like if it was that bad, they'd be falling over, especially the vulnerable elderly, and they weren't, there were no increases in all cause mortality, anywhere until after the Fraud Pandemic was called.

So why is that?

And that's because there wasn't one.

And then later, I concluded there couldn't have been one because they don't work like that, and again was saying to Alex before we came on air, that I don't like to rely on any one line of argument ,any one piece of evidence, a good scientist always looks for multiple lines of evidence.

Because if they are in contradiction, you've not understood something, or at least one of the pieces of evidence isn't reliable." - Dr Mike Yeadon, in "Constructive Resistance with Dr Mike Yeadon, Pharmacologist, in "Thinking Coalition, February 2024.

"Dr Michael Yeadon, Pharmacologist, served as vice-president of Pfizer's allergy and respiratory research unit in the UK, where he oversaw the development of drugs for asthma and chronic obstructive pulmonary disease (COPD).
During his work at Pfizer, Yeadon was responsible for the selection of targets and the progression of new molecules into human trials.
Yeadon, left Pfizer and with 3 colleagues founded the biotechnology company Ziarco, for which he served as CEO, and which was sold to Novartis for $325 Million in 2017." - in "Wikipedia", 22 April 2024.

13 December 2020
How New Variants Are Created

"Matt Hancock wanted to "deploy" a new Covid variant to "frighten the pants off" the public and ensure they complied with lockdown, leaked messages.
- Simon Case, Cabinet Secretary: "the fear/ guilt factor" was "vital" in "ramping up the messaging."
- Mr Hancock: "We frighten the pants off everyone with the new strain."
- Mr Poole: "Yep that's what will get proper behaviour change."
- Mr Hancock: "When do we deploy the New Variant?" (13 December 2020)." - in "'Project Fear' authors discussed when to 'deploy' new Covid variant", The Telegraph, 4 March 2023.

19 December 2020
Data Disproves the Fake & Bogus Covid-19 Pandemic Narrative

"On Examination of Diverse Data:

1. CDC Mortality Data.
2. Obituaries.
3. Wall Street Earnings Reports.

There are enough indicators that a "Pandemic" involving a "Severe Acute Respiratory Syndrome (SARS) Virus", could not have taken place, at least not in the United States in 2020." - Dr Colleen Huber, Boris Borovoy, in "Data that disprove the COVID-19 pandemic", Primary Doctor Medical Journal, 19 December 2020.

The full article is in Annex No. 7; "Data that disprove the COVID-19 pandemic".

14 April 2021

Center for Poultry & Livestock

"The Center for Poultry and Livestock was established by the Governor under the PA Farm Bill as part of the June 2019 Budget.

The intent of the Center is to focus on poultry , swine, lamb, sheep and goat needs across the Commonwealth.

Key areas of focus during the Center's second year include: **Biosecurity Planning;** Animal Agriculture Infrastructure; Research; Food Safety & Quality Assurance.

Innovative research for Mass Depopulation of Domestic Livestock in commercial confinement operations of large scale such as commercial swine and commercial layer facilities, **with priority being placed on humane, safe,**

practical and efficient manners to euthanise large number of animals in a timely manner.

Increase diagnostic tools offered/available within the PADLS system to support food animal production, with focus on endemic production-oriented diseases and enhanced diagnostic testing modalities to detect, differentiate and manage such pathogens.

Telemedicine: Development, Training & Opportunities for food animal Veterinarians to explore inherent value of remote Telemedicine to address challenges in rural PA to support livestock health and animal productivity in remote areas of Pennsylvania." - in "Research Funding Guidelines and Policy", Center for Poultry and Livestock, Pennsylvanian, 14 April 2021.

3 May 2022

Covid Has Low Fatality Rate: A Disease Mainly of the Elderly Kind of Like Flu

"The fatality rate, you know, we didn't understand, that it's a fairly low fatality rate, and that it's a disease mainly of the elderly, kind of like Flu." *- Bill Gates, in "How to Prevent the Next Pandemic", 92Y, 3 May 2022.*

23 November 2022
58% of Deaths Were in The Vaccinated

"58% of coronavirus Deaths in August 2022, were people who were Vaccinated or Boosted, according to an analysis (Rates of COVID-19 Cases or Deaths by Age Group and Vaccination Status and Booster Dose, CDC, 21 October 2022), conducted for The Health 202 by Cynthia Cox, Vice President at the Kaiser Family Foundation." - in "Covid is no longer mainly a pandemic of the unvaccinated. Here's why", The Washington Post, 23 November 2022.

1 March 2024
Covid-19 Is The Same As Flu

"According to the latest guidance from the Centers for Disease Control and Prevention (CDC), released Friday.

You should now follow the same precautions with Covid as you take with the Flu, according to new guidelines from the CDC. That means staying home until you've gone a day with no fever and symptoms start to improve." - in "It's Official: We Can Pretty Much Treat Covid Like the Flu Now. Here's a Guide", The Wall Street Journal, 1 March 2024.

Coronavirus Recovery Rate Goes Past 99%

*"**Andhra's Covid Recovery Rate Close to 99%.**" - in "Business-Standard", 23 December 2020.*

"Covid recovery rate has gone past the 99% mark with 49 more persons recovering from the virus. With the recovery rate reaching 99.1%." - in "Coronavirus Recovery Rate Goes Past 99% in Rajasthan", The Times of India, 19 July 2021.

Covid Recovery Rate Crosses 99%

"The total recoveries and recovery rate stands at 20,39,545 and 99.01%. The recovery rate crossed 99% for the first time in the past seven months. The death rate remains at 0.69%." - in "Covid Recovery Rate Crosses 99% in State", The Hindu, 17 October 2021.

"Assam is close to achieving 99% recovery rate." *- in "Assam set to Achieve 99% Covid Recovery Rate", The Times of India, 2 March 2022.*

99% Recovery Rate From The "Virus"

India

"Coronavirus Cases: 45,035,393

Recovered / Discharged: 44,501,206 (99%)

Deaths: 533,570 (1%)

United States

Coronavirus Cases: 111,820,082

Recovered: 109,814,428 (99%)

Deaths: 1,219,487 (1%)

Canada

Coronavirus Cases: 4,946,090

Recovered: 3,927,670 (99%)

Deaths: 59,034 (1%)

China

Coronavirus Cases: 503,302

Recovered: 379,053 (99%)

Deaths: 5,272 (1%)

Japan

Coronavirus Cases: 33,803,572

Recovered: 21,725,273 (99.7%)

Deaths: 74,694 (0.3%)

Vatican

Coronavirus Cases: 29

Deaths: 0 (0%)

Recovered: 29 (100%)

Italy

Coronavirus Cases: 26,723,249

Recovered: 26,361,218 (99.3%)

Deaths: 196,487 (0.7%)

Australia

Coronavirus Cases: 11,853,144

Recovered: 11,820,014 (99.8%)

Deaths: 24,414 (0.2%)

Worldometer is a provider of global Covid-19 statistics.

Our data is used by the UK Government, Johns Hopkins CSSE, Government of Thailand, Government of Pakistan, Government of Sri Lanka, Government of Vietnam, Financial Times, New York Times, Business Insider, BBC, and others.

Our statistics have been requested by: Oxford University Press, Wiley, Pearson, CERN, World Wide Web Consortium (W3C), The Atlantic, BBC, Milton J. Rubenstein Museum of Science & Technology, Science Museum of Virginia, Morgan Stanley, IBM, Hewlett Packard, Dell, Kaspersky, PricewaterhouseCoopers, Amazon Alexa, Google Translate, United Nations Conference on Sustainable Development (Rio+20), and others." - in "Worldometer", **Last updated: 13 April 2024.**

1 January 2023
The Pandemic Fund

"Entities are accredited by the Governing Board, and are responsible for the implementation of programmes and projects supported by financing from The Pandemic Fund.

Preselected implementing entities include both the **World Bank, WHO, United Nations Agencies (UNICEF), multilateral institutions (eg, the Coalition for Epidemic Preparedness Innovations, Gavi, the Vaccine Alliance, Global Fund to Fight AIDS, Tuberculosis and Malaria), and Regional Development Banks.**

The development and launch of The Pandemic Fund are notable and hold the potential to greatly improve our **World's Preparedness for Future Pandemics.**

Contrary to the priorities implied by the financing mechanism's original name, The Pandemic Fund is primarily a preparedness tool without ample consideration **given to outbreak response funding mechanisms.**

Thus, in order to ensure that all aspects of public health emergency management are accounted for, The Pandemic Fund should be accompanied by **efforts to ensure response financing is available when Epidemics and Pandemics occur.**

This would, ideally, come in the form of enhanced support to existing response mechanisms, such as the United Nation's CERF, the WHO's CFE or the World Bank's HEPR Umbrella Program as well as improved alignment between them to address gaps, but could also be bolstered by new financing mechanisms.

Irrespective of the source, there is a clear and demonstrated need for response-oriented resources.

It will be of the utmost importance to ensure close linkages between the provision of these resources and processes **established through Health Security Frameworks, such as the IHR and the Pandemic Accord currently under negotiation,** to facilitate swift and effective disbursement to countries in need." - in "An early analysis of the World Bank's Pandemic Fund: a new fund for pandemic prevention, preparedness and response", BMJ Global Health, 1 January 2023.

Fear And Hysteria & The Push For Vaccines

"1. Excess Mortality due to claimed Covid-19 disease, without pre-existing deadly co-morbidities, is only around 5,000 to 18,000 deaths for all of 2020.

2. Claimed **Covid-19 deaths are 81% confined to Elderly People over 65 nearing end-of-life**, each of whom has an average of 4 pre-existing deadly co-morbidities.

3. Many of the Elderly with those Co-Morbidities were transferred out of hospitals into nursing homes, where other elderly with weak immune systems succumbed to similar co-morbidities, worsened by inhuman lockdown-masking-isolation policies.

4. The PCR and Antigen Testing methods are wildly inaccurate.

5. "PCR Confirmed Cases" do not predict who will succumb to Covid-19 sickness or death. Most "positive" people are asymptomatic, non-infectious and never get sick.

6. Symptoms of Covid-19 are nearly indistinguishable from seasonal Influenza or Pneumonia, and they all have a seasonally variable incidence, with far more cases and deaths in wintertime than in summer. This alone undermines the viral pandemic theory.

7. Lockdowns, forced masking and anti-social distancing have protected nobody, and have instead increased human misery, despair, illness and deaths.
The economic ruin and chronic emotional anxiety associated with such inhuman, prison-like isolation of the elderly have killed most of the people claimed as due to "Covid-19."

8. Hospitals and doctors were paid extra sums by government health agencies to lie, and reclassify many co-morbidities and deaths as "Covid-19", to jack up the numbers. People died of their deadly multiple pre-existing diseases and conditions, not Covid-19.

9. Ending of lockdowns, forced masking and isolation have not led to an increase in cases or deaths, just the opposite. The "New Normal" is iatrogenic murder.

10. Many ignorant or compromised physicians, mainstream media stars and internet billionaires have colluded with the worst of power-drunk government bureaucrats and pharmaceutical profiteers, to censor and criminalize scientific dissent.

They systematically ignore the deadly consequences of totalitarian lockdowns, and scare the public into obedience to a growing Medical Police State. The unnecessary experimental mRNA Vaccines have already killed more people than all prior vaccination programs combined!

They also push for Vaccine Passports and other inhuman segregationist policies." - in "COVID-19: A Pandemic of Ignorance, Fear, Hysteria and "Official Truth" Lies", 1 June 2021.

11 January 2023
None Have Ever Been Effectively Controlled By Vaccines

"As of 2022, after more than 60 years of experience with Influenza Vaccines, very little improvement in Vaccine prevention of infection has been noted. As pointed out decades ago, and still true today, the rates of effectiveness of our best approved Influenza Vaccines would be inadequate for licensure for most other Vaccine-preventable diseases. Taking all of these factors into account, it is not surprising that none of the predominantly mucosal respiratory viruses have ever been effectively controlled by Vaccines. Durably protective Vaccines against non-systemic mucosal respiratory viruses with high mortality rates have thus far eluded Vaccine development efforts." - Dr Anthony S. Fauci, MD, Office of the Director, National Institute of Allergy and Infectious Diseases, National Institutes of Health, Bethesda, MD 20892, USA, in "Rethinking next-generation Vaccines for coronaviruses, influenza viruses, and other respiratory viruses", Cell Host & Microbe, 11 January 2023.

Chapter 16

$90 Billion From Covid Vaccines

"Pfizer BioNTech Moderna and Sinovac made an Extraordinary USD 90 Billion in Profits on their Covid-19 Vaccines and Medicines in 2021 & 2022.

SOMO's new report Pharma's Pandemic Profits shows that these Enormous Gains are largely due to decades of research funded by public investment, Billions in grants for development and production, and 10's of Billions in Advanced Purchase Agreements with governments.

Pfizer alone generated USD $35 Billion net profits on its COVID-19 related products during 2021 and 2022. BioNTech and Moderna made USD $20 Billion each, Sinovac pocketed USD $15 Billion." - in "Big Pharma raked in USD 90 Billion in Profits with Covid-19 Vaccines", SOMO, 27 February 2023.

Vaccine Paddlers A Major Factor in Causation of Pandemics

A Note Concerning Vaccine Paddlers:

The creatures, that go by the name of Epidemiologists, Vaccinologists "Science & Engineering of Developing Vaccines to Prevent Infectious Diseases", Virologists, among other clowns, of such natures, and in their specific category of nonsensical and useless stupidity, have the capacity to inflict; Misery and Death in both small and large scale. The so-called "Pandemic of Covid-19", was the culmination of such a Nefarious Work; minute and detailed in their planning and execution. This, must serve as a learning curve to both the Naïve and the Uneducated.

For to disregard this lesson, is asking for a repeat of the same misery and the suffering inflicted by these clowns.

Jonathan Van-Tam

"Sir Jonathan Stafford Nguyen Van-Tam, FRCPath FRSB FmedSci, British of Vietnamese descent, healthcare professional, **specialising in influenza, including its Epidemiology, transmission, Vaccinology, antiviral drugs and Pandemic Preparedness.**

After hospital work, Van-Tam was involved variously as a university l**ecturer and within the Pharmaceutical Industry.**

Van-Tam became a Deputy Chief Medical Officer for England on 2 October 2017 to March 2022.

He played a very significant part in the UK's response to the covid pandemic which started in 2020.

In May 2023 he joined Covid-19 Vaccine maker Moderna as a consultant.

After 5 years of hospital-based clinical medicine, Van-Tam pursued **academic training in public health and epidemiology and developed an interest in influenza and respiratory viruses, mentored for many years by Professor Karl Nicholson.**

He became a senior lecturer at the University of Nottingham (and consultant regional epidemiologist, Public Health Laboratory Service) in 1997, before joining the Pharmaceutical Industry as an associate director at SmithKline Beecham in 2000.

In April 2001 he moved to Roche as head of medical affairs, before joining Aventis Pasteur MSD in February 2002 as UK medical director.

Van-Tam returned to the public sector in 2004 at the Health Protection Agency Centre for Infections, where he was head of the pandemic influenza office until October 2007.

He chaired the European Centre for Disease Prevention and Control (ECDC) Expert Advisory Group on H5N1 human Vaccines, sits on the UK national Scientific Pandemic Influenza Committee (SPI), and was a member of the UK Scientific Advisory Group for Emergencies (SAGE) during the 2009-10 pandemic.

He is co-editor of the textbook Introduction to Pandemic Influenza and was editor-in-chief of the journal Influenza and Other Respiratory Viruses from 2014 to 2017.

His unit is an officially designated WHO Collaborating Centre for pandemic influenza and research and a UK Faculty of Public Health "National Treasure" research training location.

Since 2014, he has been chair of the UK government's New and Emerging Respiratory Virus Threats Advisory Group (NERVTAG).

On 2 October 2017, he took up the role of deputy chief medical officer for England.

In this capacity, **he gained nationwide visibility during the 2020 COVID-19 pandemic.**

In May 2020, he was appointed to the expert advisory group for the UK Government's Vaccine Taskforce, chaired by Patrick Vallance.

On 2 May 2023, Van-Tam began work as a senior medical consultant to the Covid-19 Vaccine maker Moderna." - in Wikipedia, 2024.

"Vietnamese Intellectual Society Chairman spoke highly of Jonathan Van-Tam's role as honorary chairman.

He affirmed that Professor Jonathan Van-Tam's support will help VIS fulfil its mission of **promoting connection and cooperation among members, as well as strengthening cooperation between Vietnam and the UK in important fields such as Science, Technology and Economy.**

At the Vietnam National Day celebration in London in September last year, **the Vietnamese Embassy in the UK honoured the professor for his provision of policy advice for Vietnam's Covid-19 prevention and control."** - in "Vietnamese-British Professor Jonathan Van-Tam becomes honorary chairman of VIS UK & Ireland", Vietnamese Intellectual Society, 8 May 2022.

"The Ministry of Industry and Trade showed that Vietnam is home to more than 6,000 garment and textile factories employing about 3 million workers.
Such significant industrial capacity makes it well positioned to take an important role in the global Personal Protective Equipment (PPE) supply chain *and results are so far moving in the right direction.*
Bortoletti said that PPE manufacturers first targeted the domestic market due to restrictions imposed on exports.
But as such restrictions were lifted over a year ago, the PPE made in Vietnam started circulating worldwide.
"This happened naturally, and the diversification of the PPE supply chain worldwide is beneficial to avoid future shortages and disruptions, as COVID-19 taught us. Therefore, there is an interest – not only locally – ***to foster the development of Vietnam's PPE industry to smoothen the manufacturing process"*** *- Bortoletti." - in "Prospects abound for Vietnam to become PPE hub", Vietnam Investment Review, 23 June 2021.*

"As the world grapples with ongoing challenges, Vietnam is becoming a leading exporter of Personal Protective Equipment (PPE) as protective equipment (PPE) *production capacity has increased sharply and output increases 6 times by 2020.*
IFC, a member of the World Bank Group, has announced its ongoing efforts to support the production of personal protective equipment (PPE) in developing countries, including Vietnam." *- in* ***"Vietnam has emerged as a global supplier of personal protective equipment",*** *IFC, 7 January 2024.*

John Irving Bell

"Sir John Irving Bell GBE CH FRS FMedSci HonFREng, Canadian-British Immunologist and Geneticist.

From 2006 to 2011, he was President of the United Kingdom's Academy of Medical Sciences, and since 2002 he has held the Regius Chair of Medicine at the University of Oxford.

Since 2006 Chairman of the Office for Strategic Coordination of Health Research (OSCHR), in 2020 became a normal member.

Was selected to the Vaccine Taskforce sometime before 1 July 2020.

Bell is also on the board of directors of the SOE quango Genomics England.

In 1982, he took up a position as Clinical Fellow in Immunology with Hugh McDevitt at Stanford University, where he worked on histocompatibility antigens and autoimmune disease.

In 1987, Bell returned to Oxford as a Wellcome Trust Senior Clinical Fellow, and joined the Institute of Molecular Medicine, founded by David Weatherall.

In 1994, Bell was one of the founders of the Wellcome Trust Centre for Human Genetics at Oxford University.

He sat on the Council of the Medical Research Council between 1998 and 2003. Since 2011, Bell has been 1 of 2 Life Sciences Champions for the UK.

Directorships, consulting and charity positions

Bell has been a non-executive director of Roche since 2001.

A BMJ campaign to make the results of unpublished studies on the anti-influenza drug oseltamivir (Tamiflu) available to researchers led to the journal's editor Fiona Godlee urging Bell "as an internationally respected scientist and clinician and a leader of clinical research in the United Kingdom, to bring your influence to bear on your colleagues on Roche's board."

Roche subsequently agreed to a wide policy of data transparency in clinical trials. Matthew Thompson and Carl Heneghan wrote in a letter to the journal "according to Roche's 2011 financial report, John Bell received 390,000 Swiss Francs (£260, 450) last year for his role on the board of directors. What do Roche and its shareholders expect for this level of involvement and remuneration?"

The House of Commons Science and Technology Committee report on the subject broadly supported the release of more clinical trial data but urged caution on public release of individual patient data.

Bell serves on the Genentech Board in San Francisco, and formerly served on the scientific advisory board of AstraZeneca (1997–2000).

He was the founding director of three biotechnology companies, including Oxagen, Avidex, and Powderject and is also on the Board of Atopix.

His charity positions include chairing the board of trustees of the Oxford Health Alliance and the science committee of the UK Biobank.

He chairs the Global Health Scientific advisory board of the Bill & Melinda Gates Foundation, he is a Trustee of the Rhodes Trust, he sits on the award jury of the Gairdner Foundation, he is a non-executive member of Genomics England, and he is a member of Cancer Research UK.

He attended the 2013 Bilderberg Conference.

A 2021 feature article by freelance journalist Paul D Thacker in the BMJ stated: "The government and Oxford University's failure to be open about Bell's financial ties make it impossible for the public to know what, if any, interests the professor has when influencing key decisions about which of the many Covid-19 Tests the UK should purchase."" - in Wikipedia, 2024.

July 2019

"The decision to locate the unit next to Illumina's HQ isn't unexpected, it's nevertheless a boost to the UK's ambition to turn the 'golden triangle' extending between Cambridge, Oxford and London into a go-to location for Life Sciences Companies.
Cambridge is where Illumina was carrying out the DNA sequencing for the UK's 100,000 Genomes Project, in collaboration with Genomics England and the Wellcome Trust.
Professor Sir John Bell, lead for the UK Life Sciences Industrial Strategy, said the new accelerator "will undoubtedly contribute to the UK's Life Sciences effort by galvanising genomics startups to harness the rapid and affordable next-generation sequencing technology pioneered by Illumina and develop applications that will benefit human health the world over." *- in "Illumina sets up first ex-US accelerator site in Cambridge: Boost for UK's golden triangle Biotech region", Pharmaceutical Market, 17 July 2019.*

October 2019

"Three new life science industries should be established, including Genomics and Digital Health, to keep the UK at the forefront of the field.

Speaking at the annual lecture of the Medicines and Healthcare products Regulatory Agency (MHRA), John Bell, Regius Professor of Medicine at the University of Oxford, said the new industries would be critical to the UK continuing to lead in the field of life sciences.

The 3 Industries, Genomics; Digital Health; and early Diagnosis will come with their own regulatory challenges.

"Innovation in regulation fundamentally underpins the entire sector and is vital for economic growth.

As the largest and most innovative regulator in Europe, the MHRA is crucial to the UK's strategy."

He told the audience at the King's Fund in London that the MHRA has a unique opportunity to challenge the status quo in regulation and play a leading role in a life science strategy driven by academia, industry, government and the NHS." - in "Digital Health and Genomics 'should form New Pillars of life Science Industry'", Digital Health, 15 October 2019.

2020

"Professor sir John Bell - **Because our Vaccine manufacturing infrastructure in the UK was allowed to drift, and was pretty lamentable, to be honest, at the beginning of this activity, we may need to think about putting money into infrastructure to allow us to do the things we need to do between now and next summer.**

I strongly encourage that, because we do not want to be left relying on importing Vaccine from the US.

I promise you, you will not get it until a long way down the line.

We need to be self-sufficient in this space.

The VMIC was entirely the result of an effort to build out some activity in the Vaccine manufacturing space.

People need to remember that this (pandemic) is not a one-off, where we are going to wait 100 years for another one.

Since 2000, we have had 8 close calls, which should have made us wake up.

We have had 3 flu epidemics, or near-flu epidemics, 2 SARS episodes, 1 MERS episode, Zika and Ebola.

Any one of those could have blown up to be exactly what we have now.

This now needs to become part of our national health security infrastructure. It is really important.

There is a massive issue about manufacturing at scale.

There is also a set of wider bumps that relate not just to the UK, but to the world getting access to the Vaccine.

Whatever Vaccine comes through, I think we all hope that it will be made available globally as quickly as possible.

That is a mammoth exercise, and certainly Sarah's partner, in the form of AstraZeneca, has been focused on trying to make sure there is supply for the developing world; for example, low and middle-income countries that may not be able to produce it themselves.

This is a situation where we are not safe until we are all safe.

There is no point in saying we will just Vaccinate the UK and everybody else can worry about themselves.

There is a corporate responsibility to make sure that everybody gets Vaccinated as soon as possible.

I know everybody thinks that we have had a bumpy pandemic. This is stuff that the UK does unbelievably well, much better than anybody else; it is not just Oxford.

It is the Vaccine Taskforce; it is the clinical trials.

It is amazing, and we should be very proud of that.

This is largely an asymptomatic disease, which means you have to be careful about a track, trace and isolate strategy that relies on symptoms because you will miss 70% of the people.

My view, which I have certainly expressed before and I continue to do so, is that we need much more extensive testing across the community, not just the big labs, which have been terrifically successful, as you know, but distributed testing now at point-of-care level.

We need new technology to help us, but I have seen in the last week or two a couple of examples of tests that might well be of the standard we need to produce a result in a few minutes.

That would be transformative, **because we could all test ourselves regularly and test our kids after they have been off to the rave and all that stuff.**

That is where we need to get to.

Chair: Would it be fair to say that the priority for regular tests of the asymptomatic should be in NHS settings and care homes?

Professor sir John Bell: In a curious way, **the NHS should be able to deal with regular testing, because they have the big PCR capability in the labs.**

I think they can saturate tests as much as they want.

They got off to a slow start, as you know, and I am not entirely sure why that was. They really should have been testing all their staff from the get-go. Care homes are the same; they got off to a slow start. **The more widespread the testing innovation becomes, the easier it will be for care homes, for example, to test regularly.**

Chair: We have, we are told, plenty of capacity in testing. Can you think of any reason why you would not test regularly and routinely in hospitals and care homes?

Professor sir John Bell: No, I cannot think of any reason, if we want to manage this infection.

As we know from the Italian experience, and to some extent the UK experience, when this thing gets away on you, it often gets away on you in hospitals.

Saturation testing in hospitals should be an absolute requirement. I am talking about real PCR virus testing because that is what tells you who has got what.

Greg Clark: One aspect of that is the Vaccine production and manufacture, to which the Vaccine taskforce made a very big contribution. You were associated with that. The Science, Innovation and Technology Committee has taken evidence from Kate Bingham, Clive Dix and Ian McCubbin, who are luminaries of that approach. Their evidence to this House is that the lessons have not been adequately learned from the success of that process, in particular the links with industry and manufacturing. In many cases, we have retreated from that. What is your perspective?

Professor Sir John Bell: People need to understand that, to have a really successful Vaccine programme that could pivot and get to very different places, given that we don't know what pathogen is going to come over the hill, you do need to be able to move quickly.

You need different Vaccine platforms.

You need onshore manufacturing for all of those, which is hot and ready to go.

You need clinical trial capacity, so that you can test and evaluate them at scale.

You need a regulator that is ready to go.

If you take manufacturing, for example, I was pretty worried very early on that we were not going to have onshore manufacturing for the Vaccines that we needed. Oxford Biomedica did some great stuff.

COBRA did some great stuff.

We managed to get stuff to happen.

It happened that our homegrown Vaccine was relatively easy to make, and we had some good manufacturers that could do it, but that won't necessarily apply to all the successful Vaccines.

We need to have industrial capacity in Vaccine manufacturing at scale.

As you know, we were, behind the VMIC concept, which we thought was a pretty good idea.

(The concept of the Vaccine Manufacturing Innovation Centre (VMIC) evolved from the response to the Ebola outbreak of 2014 with a mission to find new ways to innovate the way Vaccines were developed, with support of Vaccine Industry experts MSD, Johnson and Johnson, Cytiva, University of Oxford, Imperial College, London School of Hygiene and Tropical Medicine the first formal structures of VMIC were formed in 2018, alongside £66 Million of funding from Innovate UK)." -in "Oral evidence: UK Science, Research and Technology Capability and Influence in Global Disease Outbreaks, HC 136", Science and Technology Committee, House of Commons, UK, 1 July 2020.

2023

"A scientist overseeing an NHS project to genetically test millions of patients has defended having a financial stake in its partner drug company.
Our Future Health (OFH) chair Prof Sir John Bell has £773,000 of shares in Roche.
Sir John is one of the leading professors of medicine at Oxford University and played a crucial role in the pandemic as part of the team developing the Astra Zeneca Covid-19 Vaccine.
Funded by the Government and the Health Industry, Our Future Health (OFH) is a national study set up to analyses people's genes and lifestyle to prevent disease.
OFH will use genetic testing to look for the early stages of major chronic diseases, trying to identify risk factors in order to understand the factors that are associated with early pre-symptomatic disease, particularly in young people.
Most scientists know these tests are poorly predictive of your health, and that means they won't help to prevent diseases." *- in "Our Future Health boss defends big pharma 'conflict'", BBC News, 27 December 2023.*

2024

"Chair: When you last spoke to us, you said:

"The UK needs to be pretty proud of its ability to track variants at scale using genomic sequencing.

The big issue is not what happens in the UK but what happens globally.

It is not hooked up very well; there is not a very coherent way of tracking variants as they emerge globally."

What are your reflections on where the global economy is in respect to pandemic preparedness and tracking?

Professor Sir John Bell: **We are thinking quite hard with the team in Oxford about how you get a really coherent system, which will pick off variants of a wide range of pathogens, so that you don't have to have Teams of Bioinformaticians working on what is going on, but it just pops up and you can do that in an automated way.**

The question then is how quickly you can scale Sequencing of Pathogens Globally.

The UK was an exception, as were South Africa and a bit of Australia.

Most places didn't do much sequencing.

We have to get the World much more prepared to be doing that at some scale, so that we know what is passing through the system.

Rachael Maskell: In many of our inquiries, **we have looked at the regulatory framework.**

The flexibility has really enabled the work to come forward to get a Vaccine into people's arms quickly.

What has happened since, and what has to happen to ensure that we have that future preparedness in the regulatory framework?

Professor Sir John Bell: I**f you have an innovation cycle where you discover stuff, you develop it, you translate it, you regulate it and you put it into people, if you then break that chain at any point, you might as well not have the chain at all.**

There is a risk that, by not funding the MHRA properly, we are going to break the chain.

Rachael Maskell: Finally, I would like to ask about skills.

A lot of high-level skill was invested within the programme, which brought us to being able to bring the results that we did.

There has been a lot of loss of skill, and it is let go.

What needs to happen?

How prepared do the Government need to be?

How much skill do they need to retain?

How do they scale up, should the capability be required?

Professor Sir John Bell: **You have to have a cohort of people who know what they are doing and who can move really quickly and flexibly, get stuff manufactured, get stuff approved by regulators and test out new platforms.**

Those people have to be in play.

In my view, that is what the science base is for.

That is not just the academic science base but the commercial science base as well.

Chair: **I just feel the need to slightly clarify something that you said, John, about the Vaccines and transmission.**

Vaccines are not meant to prevent transmission.

When you came to us in 2022, you said that the durability of the Vaccines was impressive, to the point where you were not entirely sure that boosters were required, so you are not questioning the efficacy of it.

Professor Sir John Bell: This is a good example of how we haven't really sat down to think about Vaccines' correlates of immune protection.

What we have not dealt with is the fact that, if you are standing in the Tube in January and somebody coughs on you, the chances are that you are going to get something that is a flu-like illness or a head cold, the sort of thing that keeps you off work for three days.

It is a classic respiratory virus, a bit like flu.

The Vaccines are not very good at stopping that.

Greg Clark: Would I be right in thinking that it is your view that a further pandemic is going to happen at some point?

Professor Sir John Bell: **I would bet the house on it.**

It is definitely going to happen, so everybody should just get used to that. The real question is what the likelihood is of that happening in the short term. It will definitely happen in the medium or long term, for sure.

As you know, there are many things pushing humans together with a wide range of other species.

We are doing a lot of things that are very high risk. Climate change is not going to help with that, because insects are moving all over.

Some of the better estimates suggest that there is a 20% or 30% chance of having another pandemic in the next 15 to 20 years.

That is a big number.

Whether it is a really profound pandemic or one that is not so bad, we will have to wait and see, but **it seems inconceivable to me that we will not have another big event."** - in "Oral evidence: Coronavirus: lessons learned follow-up, HC 908", Health and Social Care Committee, House of Commons, 4 March 2024.

"Sir John Bell, who helped ministers during the Covid crisis, says a business leader could run the UK research awards body that has an annual budget of £8 Billion.
Bell's remarks highlight an urgency to improve the targeting of public funds into priority research areas, as the government pursues its goal of making the UK a "science superpower" by 2030.
"We basically say: 'Well, send us a grant, see if we like it — and if we do we'll give you some money'."
The £1 Billion Ellison Institute of Technology Oxford campus, where Bell will become president in April, will focus on health, green energy, food security sustainability and government policy and economics. UKRI was created in 2018 to bring nine research organisations into one body. Its experience had highlighted how increased British government science funding had "turned out to be much more complicated to … manage than I think most people suspected", said Bell." *- in "Britain must be more strategic in funding science, says former adviser", Financial Times, 20 February 2024.*

21 October 2021
Covid Tests Have Made Pathology Companies Big Profits

"Throughout the pandemic, Australians with a Sniffle or other Cold and Flu symptoms have been encouraged to get a PCR test – a swab of their throat and the back of their nose.

In the 2020-21 financial year, one of the pathology giants, Sonic Healthcare, reported a net profit growth of 149%, to A$1.3 Billion, with a significant proportion of that from Covid Testing.

The other market leader, Healius, reported a 44% growth in revenue in the September quarter, compared to 2020, driven by COVID testing and stronger than expected routine testing." - in " COVID Tests have made Pathology companies big profits, but rapid tests are set to shake up the market", The Conversation, 21 October 2021.

29 April 2021
LabCorp Revenues Jump $4.16 Billion in Covid-19 Testing Wave

"In total, LabCorp saw its revenues jump to $4.16 Billion for the first 3 months of the year, a nearly 50% increase compared to 2020's initial quarter.

The company's net earnings, meanwhile, registered a Billion-Dollar Annual Increase that brought it firmly out of the red, from last year's $317 Million loss to approximately $770 Million in earnings." - in "LabCorp, still riding the COVID-19 Testing Wave, exceeds its own expectations with $4.2 Billion Q1 Revenue", Fierce Biotech, 29 April 2021.

31 May 2022
Covid Testing
New Billionaires Created

"China's Mass Covid Testing: Players And Profits Behind The Policy New Billionaires Created." - in "China's Mass COVID Testing", Pharma Intelligence (Citeline), 31 May 2022.

24 June 2022
£777 Million Covid-19 Testing Contracts

"Randox Health, the diagnostics company awarded £777 Million in public Covid-19 Testing Contracts has revealed that it made pre-tax profits of £275 Million last year.

Randox saw its profits rebound from a loss in the previous 18-months after sales increased from £218.4 Million to £619.2 Million in the year to last June.

The rise was driven by an injection of taxpayer money for processing 23 Million Covid PCR Tests." - in "Covid Testing lifts Randox Health to £275 Million Profit", The Times, 24 June 2022.

28 November 2022
Umbrella Makers Should Not Be Given The Authority To Decide When It Rains

"China's Covid PCR testing companies are coming under increasing public criticism for profiting off the country's controversial Covid-Zero strategy, as anger mounts over the onerous rules amid unprecedented protests that broke out over the weekend. The latest company to come under fire on social network Weibo is Shenzhen Nucleus Gene Technology Co., whose testing subsidiary was named for inconsistencies in their results by the Lanzhou city government in Gansu

province last week after staff wrongly recorded negative results. A hashtag referring to Nucleus Gene's rapid registration of testing labs this year has gone viral. A post that said "Umbrella makers should not be given the authority to decide when it rains", a broader criticism of how testing companies make money from the pandemic." - in "China's Covid Testing Firms Come Under Fire as Fury Explodes", Bloomberg, 28 November 2022.

"The World Health Organization (WHO), made Global Health worse during the pandemic, they supported coercion and mandates of the most horrific pharmaceutical product in the history of medicine responsible for serious harm, and death to millions around the globe." *- in Dr Aseem Malhotra, MD, at "Event", Geneva, 1 June 2024.*

"The media have exposed themselves, we think in the Western World, ***we prided ourselves and having a a free and open media, but we don't, it's totally controlled. Bill Gates gives money to the BBC, Guardian, and the BBC let him go on Television and promote the Jabs, the Vaccines, that he was a Major Shareholder in Pfizer, and say how everyone's got to have them, and no one's safe until we're all jabbed, and then Bill Gates dumps his shares, and makes a big profit about 2 months ago, and then he goes on the BBC and says: "The Vaccines weren't really very good, we need better Vaccines next time." I mean, it was a huge financial interest, he should never have been allowed on our national broadcaster, because they have a no advertising policy. And Bill Gates was clearly advertising for people to take actions that were monetarily going to benefit him. Bill Gates is the only Philanthropist I know, who's trying to give his money away - that gets richer every year - he's not very good he can't give his money away."*** *- Andrew Bridgen, Member of Parliament, UK, in "Interview with Peter Sweden", 20 April 2023.*

1 January 2023

Covid-19 Fatality Rate Same As Flu

"Across 31 systematically identified national seroprevalence studies in the pre-vaccination era, the median infection fatality rate of Covid-19 was estimated to be:

0.034% ages 0-59 years
0.095% ages 0-69 years

The Median Infection Fatality Rate was:

0.0003% at 0–19 years
0.002% at 20–29 years
0.011% at 30–39 years
0.035% at 40–49 years
0.123% at 50–59 years
0.506% at 60–69 years

At a Global Level, Pre-Vaccination Infection Fatality Rate may have been as low as:

0.03% for 0–59 years
0.07% for 0–69 years

These Infection Fatality Rate estimates in non-elderly populations are lower than previous calculations had suggested." - in "Age-stratified Infection Fatality Rate of COVID-19 in the non-elderly population", Environmental Research, 1 January 2023.

16 February 2023
Labcorp $1.1 Billion From Covid-19 PCR & Antibody Tests

"For all of 2022, Labcorp raked in $1.1 Billion in revenues from sales of its PCR and Antibody Tests for the Coronavirus — just over a 60% drop from 2021's tally, which added up to $2.8 Billion.

Revenues across the entire Diagnostics giant clocked in at $14.88 Billion for the year, down more than $1.2 Billion from the prior year's $16.12 Billion total.

The sans-COVID base business brought in $8.1 Billion for the year, representing a modest 6.5% increase over 2021's haul.

BD showed a similar optimism to Labcorp's by ramping up its overall forecasts, adding $500 Million to its total expected revenues for fiscal 2023." - in "Labcorp plots 2023 revenue growth despite a possible 90% drop in COVID test revenues", Fierce Biotech, 16 February 2023.

28 June 2023
Randox Covid-19 Tests Made Record Profit £275 Million in 2021

"Randox, a major provider of Covid-19 Tests, made a pre-tax profit of £190 Million in 2022, down from its record 2021 profit of £275 Million.

Between January 2020 and December 2021, the UK's Department of Health awarded 22 contracts to Randox, or its strategic partner, with a maximum value of £777 Million." - in "Randox made pre-tax profits of £190m in 2022, accounts show", BBC, 28 June 2023.

US Government Business Plan

"Through its Global HIV/AIDS Program, CDC implemented the President's Emergency Plan for AIDS Relief (PEPFAR), working with ministries of health and other in-country partners to combat HIV/AIDS by strengthening health systems and building sustainable HIV/AIDS programs in more than 75 countries.

CDC's office in Hanoi, Vietnam (CDC Vietnam), is responsible for PEPFAR funds awarded to government agencies and for-profit and nonprofit organizations (recipients) in Vietnam." - in "The Centers for Disease Control and Prevention's Vietnam Office Generally Monitored Recipients' Use of the President's Emergency Plan for AIDS Relief Funds", US Department of Health and Human Services, Office of Inspector General, 22 April 2013.

"The CDC has been leading the U.S. response to COVID-19. It has a number of local offices around the world, mainly in developing countries such as India and Indonesia. It also has an office in China. The existing Vietnam office has a staff of 64, according to the CDC website. The CDC is working with Thailand and Vietnam to fund surveillance systems that can monitor the spread of COVID-19." *- in "US to open regional CDC office in Vietnam to tackle COVID-19", Nikkei Asia, 10 September 2020.*

So bear in mind that so-called "viruses", and "new emerging diseases".

These don't exist.

This Medical Trade nonsense is designed to sell Tests (Diagnostics), then, Vaccines or Pharmaceuticals, along with any other Medical Trade Interventions.

July 2023
Sudden Post-Vaccination Deaths

"A 14-year-old Japanese girl died unexpectedly 2 days after receiving the third dose of the BNT1262b2 mRNA COVID-19 vaccine.

Autopsy findings showed congestive edema of the lungs, T-cell lymphocytic and macrophage infiltration in the lungs, pericardium, and myocardium of the left atria and left ventricle, liver, kidneys, stomach, duodenum, bladder, and diaphragm.

Since there was no preceding infection, allergy, or drug toxicity exposure, the patient was diagnosed with post-vaccination pneumonia, myopericarditis, hepatitis, nephritis, gastroenteritis, cystitis, and myositis.

Although neither type of inflammation is fatal by itself, arrhythmia is reported to be the most common cause of death in patients with atrial myopericarditis.

In the present case, arrhythmia of atrial origin was assumed as the cause of cardiac failure and death.

In Sudden Post-Vaccination Deaths." - in "A case of Fatal Multi-Organ Inflammation following Covid-19 Vaccination", Leg Med (Tokyo), July 2023.

18 April 2024
The Clown World of Virology

"The great concern, is that in doing so, and **infecting Ducks and Chickens, but now increasingly mammals, that Virus now evolves, and develops the ability to infect humans, and then critically the ability to go from Human to human transmission.**

And we know that, in the rare cases 400 or 500 cases so far of humans, the mortality rate is extraordinary High.

So to me this is a major concern, the current outbreak, for want of a better word, in America amongst Cows is really concerning, as well, and also talks to this issue of of transmission, we have to understand **in those Cow settings sheds how H5M1 is transmitting**, because it may be learning, not learning evolving into transmitting, in different ways.

Do the milking structures of Cows create Aerosol's?

Is it the environment which they're living in, is it the transport system that is spreading this, around the country, so this is a huge concern.

And I think we have to watch more than watch, we have to make sure that if H5M1 did come across to humans, with human transmission **that we were in a position to immediately respond with access equitably to Vaccines, Therapeutics & Diagnostics."** - Sir Jeremy James Farrar, OBE FRCP FRS FmedSci, Chief Scientist, World Health Organization, Former Director Wellcome Trust, Professor of Tropical Medicine, University of Oxford, in WHO, 18 April 2024.

28 April 2024
Digital Cash Its Adoption Increased Because of Covid

"There's less use of cash.

The transition to fully digital is not going to be a stretch.

Its adoption rates increased because of Covid.

This is where contactless started to become something of a necessity, something of safety, something of a requirement.

And, because of that, there is very little resistance.

Trust is already there." - Khalid Humaidan, Governor of the Central Bank of Bahrain, in "Special Meeting on Global Collaboration, Growth and Energy for Development", WEF, Saudi Arabia, 28–29 April 2024.

Covid-19 Pandemic a Window of Opportunities

16 September 2021
The Window of Opportunity Brought by the Covid-19 Pandemic

"We analyse how the **Covid-19 Pandemic crisis created the Window of Opportunity (WOP) in the Digital Industry, and Digital Applications.**

These led to the **leapfrogging of Digital Transformation in China.**

This was considered a major contribution to the pandemic recovery in early to mid-2020." - in "The window of opportunity brought by the COVID-19 pandemic: an ill wind blows for digitalisation leapfrogging", Technology Analysis & Strategic Management, 16 September 2021.

7 June 2023

The Link Between Covid-19 & Supply Chains

"The Covid-19 Pandemic is a microcosm for future challenges and crises.

The greatest of these challenges is the Climate Crisis and the potential collapse of our Earth System.

However, **crises may also provide opportunities to transition to More Sustainable Futures.**

In our study, we qualitatively analyze statements of a heterogeneous group of 46 experts from: **Academia, Industry, Government, and Organized Civil Society** to explore inasmuch **experts perceived the pandemic as a window of opportunity for more sustainable Supply Chains (Scs),** and what they consider opportunities, challenges, and necessary actions for more sustainable circular SCs. Our study contributes to current and future studies on the opportunities in times of crisis and the actions needed to overcome SCs vulnerabilities, thereby increasing the resiliency, circularity, and sustainability of Scs.

Current SCs have been characterized by a state of lock-in to carbon-intensive, fossil-based production and linear consumption structures for the past 60 years, and the link between Covid-19 and Supply Chain sustainability is just beginning to emerge in research.

Many researchers warn against going back to normal and highlight the urgent need for different systems that promote sustainability transitions (ST) to other patterns of production and consumption.

Menke (2021) suggest that implementing sustainability standards and targets from raw material sourcing to production, storage, delivery, and all transportation needs in between, cannot only help create more opportunities for partnerships, improve productivity and reduce risks, but more importantly, have a positive impact on the people and communities in and around the operations.

Thus, **it is imperative to simultaneously address both SC resilience, and SC sustainability because it leads to issues that transcend Country and Company Boundaries.**

It is, therefore, **essential for All Stakeholders along the SC (e.g., Suppliers, Manufacturers, Distributors, etc.), and for All Stakeholders that can influence a Company's strategy and behaviour (e.g., Governments, Consumers)."** - The COVID-19 pandemic as a window of opportunity for more sustainable and circular supply chains", Cleaner Logistics and Supply Chain, 7 June 2023.

22 September 2023
Covid-19: Windows of Opportunities

"This study analyses the Political Economy of Covid-19 in East Africa by assessing how Covid-19 and its control affected public and private policy actors, and how the actors responded to them.

The study found that the pandemic and its control generated political and economic opportunities and contestations.

Politically, Covid-19 and its control measures presented opportunities to suppress and oppress opposition, conduct political campaigns, provide patronage, and conduct selective enforcement.

Economically, the pandemic and its responses presented opportunities to generate income and benefits for the government and its employees, businesses, and ordinary citizens.

However, **these opportunities were exploited to serve personal political and economic interests.**

Covid-19 responses also generated a lot of discontent, actors contested Covid-19 Vaccines and Science, role allocation during the response, selective enforcement of Covid-19 directives, corruption in relief provision, and the brutality of security forces.

Windows of Opportunities and Contestations Associated with Covid-19 Responses

Covid-19 as political opportunities.

While some political actors suffered, others benefited from the epidemic.

The epidemic presented them with 4 main opportunities:

1. The Covid-19 response provided an opportunity to control opposition.

Uganda exploited the epidemic to stifle the opposition politicians by preventing them to hold rallies and campaigns beyond 7:00 P.M.

The ruling party excluded them from food relief distribution and sidelined them in the Covid-19 Taskforce.

Bukenya et al. also argued that the epidemic was an opportunity for the President of Uganda to consolidate his power by enhancing his performance, and legitimacy and providing patronage to those in need while suppressing the opposition.

In Burundi, the government established a 2-week mandatory quarantine for election observers to keep them off and avoid their scrutiny of the presidential elections. Under the pretext of the Covid-19 response, the ruling parties controlled and suppressed opposition parties.

2. The Covid-19 response provided an opportunity to conduct a political campaign.

3. The Covid-19 response was patronage.

So, the Covid-19 response presented the opportunity to reward regime loyalists.

4. The Covid-19 response favoured some classes of people." - in "Political economy of COVID-19: Windows of Opportunities and contestations in East Africa", Humanities and Social Sciences Communications, 22 September 2023.

Cancer Spike After Vaccinations

"The first thing I saw doing a regular melanoma Clinic, that I've been doing for years, was that I was starting to see people who were stable that, we've been doing Immunotherapy for over 20 years.

I start to see people who've been stable for 5, 10 even 20 years, relapse.

Really unusually they're very fit and healthy, so I basically said what have they all got in common.

And they had all got in common was, they'd had the 1st Booster, Vaccine, it's around this time, and I was able to show that they' had it the relapse started between about 3 weeks and 3 months after the Booster Vaccine.

So I thought this was this is an association, that doesn't mean to say it's causal, I mean, I'm the first to say that.

But when you see an Association, and that it might be actually inducing it, you have to first of all ask why scientifically: Is there a rationale for this.

And two is there anything else is it just a coincidence.

Well the thing that alarmed me, was that I've done a lot of Research in Vaccines, in my time, and I immediately remembered the model; where 1 Vaccines is good, 2 might help if the 1st one didn't react properly, but the 3rd actually Causes More Inflammation than good, and actually detracts from the first 2, and the 4th even worse.

And "lo and behold", another group published, that cancer patients who received the (Covid-19 Vaccine) booster, had T-Cell Exhaustion.

I mean they couldn't have put it better.

And they probably do it on a daily basis, I mean we have normal cells rise every day, there's just millions, and there it's very well controlled.

And we know this, that patients who've had very bad cancer, we can give them the new immunotherapies now to boost their T-Cells responses, and they can get complete responses, and be under control for years.

And so, this is what was happening with the Booster Vaccine, it was Perturbing this wonderful equilibrium of control, and basically Interrupting all the resources, and it led to a Depression of the T-Cell response.

Now I thought that was the most lightly explanation, but I was amazed at how bad it was in some patients, as I said, they used T-Cell Exhaustion, not T-Cell suppression, but Exhaustion that they just been stimulated to the point where they were no longer able to do their job.

And then another paper came out, showing that after the Vaccine Booster, not after the first and second, the first and second induce what we call immunoglobulin subtypes, we call these 1 and 3, and these make neutralizing antibodies but after the Booster many people now have have reported that the subtype switches to 4.

Subsequently found many other disturbing reasons why at the very least, and my point has been that the fact that we have a scientific explanation for this.

The fact that we are seeing this should be a Red Flag, and Medicines & Healthcare products Regulatory Agency (MHRA), should stop all the Boosters.

I mean all this is absolutely nonsense." - Dr Angus Dalgleish, MD, Foundation Professor of Oncology at St. George's University of London, Principal of the Institute for Cancer Vaccines and Immunotherapy, in "Cancer Spike", GB News, 5 May 2024.

The Cancer Test Business

"One in two of us get Cancer! Since When?
"Hunting Cancer", has been coined now.
How many Cancer Tests have you received through the door. Or texts asking you for Cancer Test. And we must not forget that Cancer Tests originally came from a Company called Grail, founded by Jeff Bezos, and Bill Gates." - Debi Evans, RN, in "Britain, The Cancer Testing Capital Of The World", UK Column News, 26 April 2024.

Grail Biotech Company

"In late 2015, Illumina spun off the company Grail, focused on blood Testing for Cancer tumors in the bloodstream.

In 2017 Grail had planned to raise $1 Billion in its second round of financing, and received funding from Bill Gates, and Jeff Bezos investing $100 Million in series A funding, and with Illumina maintaining a 20% holding share in Grail.

Grail is working with a blood Test trial with over 120,000 women during scheduled mammogram visits in the states of Minnesota and Wisconsin, as well as a partnership with the Mayo Clinic. Grail uses Illumina sequencing technology for tests. **On 27 November 2020, Grail announced a commercial partnership with the National Health Service (England) (NHS), to trial the Galleri test, reporting in 2026."** - in "Wikipedia", 23 May 2024.

> ***"Jeff Huber, a veteran Google executive instrumental in the formation of its Google X research lab, is leaving the company to become CEO of Grail, a biotech startup that develops blood tests to detect cancer."*** *- in "Jeff Huber, Key Google X Exec, Departs to Lead Cancer Diagnosis Startup Grail, A very personal departure for the longtime Googler", Vox, 10 February 2016.*

The Market for Sequencing just Became Huge

"An unborn baby or an adult only needs one genetic test in their lifetime.

But a test for catching cancer before symptoms appear?

That's something a patient might get every year at the doctor.

> ***"Here's the real question. Are you going to develop cancer to test healthy people at large or people who are at high risk?" - Eric Topol, Genomics Professor at Scripps, about Grail.***

If healthy people get a liquid biopsy once a year, the market for sequencing just became huge." - in "Illumina, the Google of Genetic Testing, Has Plans for World Domination", Wired, 26 February 2016.

Overdiagnosis of Cancer

"For the 3rd consecutive year, experts from around the world will convene to discuss the dilemma of overdiagnosis in many types of disease.

Overdiagnosis is generally defined as the diagnosis of a disease or condition that is unlikely to ever cause harm.

Dr Kramer has championed efforts to more closely scrutinize the risks of screening, including overdiagnosis and resulting overtreatment.

Most Media reports about clinical trial and treatment advances are accompanied by personal stories or anecdotes of patient success, that's not as easy an objective to accomplish when there's been overdiagnosis, and a patient has been unnecessarily treated or harmed." - in "Overdiagnosis of Cancer: Bringing an Important Problem into Focus", National Cancer Institute, NIH, 28 August 2015.

"The UK had one of the highest rates of cancer mortality among comparable countries. It is the leading cause of premature death in the country: of the 367,000 patients diagnosed each year, 165,000 will tragically lose their lives." - *in "There are signs a post-Covid cancer surge is heading our way", Financial Times, in 5 May 2020.*

The Scam Medical System

"I stay away from Doctors!
What do I do to stay away from Doctors?
I don't want to go anywhere near any other Doctors.
I do not trust the Healthcare System one little bit.
I wouldn't trust the Healthcare System as far as I could throw it.
I think huge segments of the Healthcare System are a complete and utter scam, and I don't want to get sucked in." - Dr Suneel Dhand, MD, in "How I Stay Away from Doctors & the Scam Medical System", 13 May 2024.

Chapter 17

Pandemic Preparedness Vaccines

"For Pandemic Preparedness in a pre-pandemic setting, the Manufacturing Process And Vaccine Design For A Pandemic Vaccine Can Already Be Determined Before A Pandemic Is Declared, even without knowing the actual pandemic strain yet.

This has prompted the development of the **mock-up concept (generally termed "Pandemic Preparedness Vaccines") by which a Vaccine is developed as a "Pre-Pandemic" Vaccine (now termed "Zoonotic Influenza Vaccine") with a strain that is emerging and that may have pandemic potential.**

Pharmaceutical quality, safety, immunogenicity and efficacy data (where at all possible, **since the pathogen may not circulate in the human population)** are then studied with this pre-pandemic strain, forming a "core dossier", which is then swiftly changed at the time the pandemic strain is known to the actual **pandemic variant.**

This would then not require the same amount of data, **enabling swift production of the respective Vaccine and rollout with the pandemic strain being linked to the Pre-Pandemic Vaccine** via a variation application.

This was successfully applied in the 2009 H1N1 "swine flu" pandemic, where the pre-pandemic strain H5N1 ("bird flu") was used to develop the Vaccines, and H1N1 could swiftly be substituted as the actual strain." - in "Guidance on strain changes in authorised COVID-19 Vaccines", UK.GOV, 4 March 2021.

11 June 2024

CSL Seqirus Agreement to Provide Pre-Pandemic Vaccines to the EU

"CSL Seqirus, A Business of CSL (ASX: CSL), was selected by the Health Emergency Preparedness and Response Authority (HERA), part of the European Commission (EC), to provide 665,000 Pre-Pandemic Vaccine doses for 15 EU and EEA Member States as well as to the "Union Civil Protection Mechanism" (rescEU).

This acquisition of Pre-Pandemic (zoonotic) Vaccine will create a stockpile of Vaccines available to support the EC's outbreak and pre-pandemic response.

In addition, **the 4-year contract includes an option for participating authorities to purchase up to an additional 40 Million doses of the Pre-Pandemic Vaccine** over the life of the contract. **The Vaccines are being manufactured in CSL Seqirus' European manufacturing sites in Amsterdam (for test and release) and Liverpool** which utilises a scalable method of production and is one of the largest sites in Europe to manufacture seasonal influenza Vaccines.

"CSL Seqirus is a global leader and proud champion of the pandemic preparedness efforts of over 30 Governments, and we are pleased to **work with the European Commission to deliver this zoonotic Vaccine** as part of their **Pandemic Preparedness** and outbreak response," said Lorna Meldrum, CSL Seqirus, VP Commercial Operations, International & Pandemic Response. **"Vaccine access, alongside surveillance and Testing, is critical for pandemic preparedness** and provides reassurance to governments and their populations alike. Together with our partners, we embrace this crucial aspect of public health protection." - in "CSL Seqirus, a Proud Champion of Pandemic Preparedness, Signs an Agreement with the European Commission to Provide Pre-Pandemic Vaccines to the EU", in CSL, 11 June 2024.

The Invention of the Swine Flu Pandemic

"The hype about the swine-flu pandemic is over.
Should we, therefore, forget about this episode?
The announcement of the swine flu pandemic on 11 June 2009 by the World Health Organization (WHO) was a real precedent.
For the first time expensive measures against a pandemic such as the production of Vaccines and Mass Vaccination were initiated worldwide.

The A/H1N1 Vaccination campaign was stopped abruptly when it was realized that the virus produced only a mild disease, while the Vaccine produced a number of Severe Neurological Side Effects, namely Guillain-Barre-Syndrome.

In the Report "The Epidemic That Never Was" Neustadt and Fineberg concluded that:

1. "Overconfidence by specialists in Theories extrapolated from meagre evidence.
2. Conviction fuelled by a conjunction of some pre-existing personal agendas.
3. Premature commitment to deciding more than had to be decided.
4. Failure to address uncertainties in such a way as to prepare for reconsideration.
5. Insufficient questioning of scientific logic and of implementation prospects."

According to the Pharmaceutical Industry, their worldwide earnings from selling Vaccines against the swine flu pandemic amounted to 18 Billion Euros." - in "The invention of the swine-flu pandemic", Eur. J. Epidemiol., 2011.

Swine Flu Pandemic Farce

The "novel" H1N1 swine influenza virus that last year caused the first human pandemic in 4 decades has one feature that is hardly novel:

Its surface protein, hemagglutinin (HA) — which spikes cells and starts an infection —closely matches the HA in the H1N1 virus responsible for the 1918 pandemic.

This newfound similarity answers many mysteries about the 2009 pandemic, including **why it largely spared the elderly.**

The new findings from different research groups also suggest intriguing explanations for how the 1918 influenza virus has evolved since it swept across the globe in several waves, killing more than **50 Million people** by the winter of 1919.

And the investigators are proposing provocative Vaccination strategies to pre-empt future pandemics.

NIAID virologist Jeffrey Taubenberger, a leading investigator of that devastating pandemic.

> ***"All the influenza viruses in humans are descendants of the 1918 virus"*** *says Taubenberger*

" - in "Swine Flu Pandemic, What's Old Is New: 1918 Virus Matches 2009 H1N1 Strain", Science, 26 March 2010.

Why The WHO Faked A Pandemic

"The World Health Organization (WHO) has suddenly gone from crying "The sky is falling!" like a cackling Chicken Little to squealing like a stuck pig.

The reason: charges that **the Agency (WHO) deliberately fomented Swine Flu Hysteria.**

A WHO spokesman declined to specify who or what gave this "description", but the primary accuser is hard to ignore.

The Parliamentary Assembly of the Council of Europe (PACE), a human rights watchdog, is publicly investigating the WHO's motives in declaring a pandemic.

Indeed, the chairman of its influential Health Committee, Epidemiologist Wolfgang Wodarg, **has declared that the "false pandemic" is "one of the greatest medicine scandals of the century."**

Within the agency, the director of the WHO Collaborating Center for Epidemiology in Munster, Germany, Dr. Ulrich Kiel, has essentially labeled the pandemic a hoax.

> ***"We are witnessing a gigantic misallocation of resources ($18 Billion) in terms of public health"***

He said." - Michael Fumento, in "Why The WHO Faked A Pandemic", Forbes, 5 February 2010.

Swine Flu Vaccine Side-Effects So Bad that Children were like "Schizophrenics"

"Children who developed **Narcolepsy** after being given the Swine Flu Vaccine (Pandemrix), after the **World Health Organisation in 2009 warned of an imminent Swine Flu Pandemic.**

The children were affected by **Serious Sleep-Disorder** related conditions, that some were initially thought to be suffering from Schizophrenia.

Many suffer from Cataplexy (loss of muscle tone), causing them to collapse like a puppet when experiencing extreme emotions.

They also suffer from **Sleep Paralysis**, rendering them unable to move while they experience **Hallucinations**." - Ralph Riegel, in "Irish Independent", 3 September 2018.

The Farce of the Swine Flu Pandemic 2009

"A brief reminder of the nowadays forgotten 2009 Swine Flu Pandemic will be very helpful for the assessment of the triggered and maintained corona crisis.

Back then, most of the German population was eager to get Vaccinated against the supposed virus causing the swine flu. The nationwide mass vaccination project had to be postponed due to the late delivery of the vaccines.

Apparently, the vaccines could not be pre-filled in syringes as the adjuvants, that were being used for the first time, would have damaged the vaccine fluid.

A scandal was lurking around the corner.

It was eventually made public that the adjuvants, without which the vaccine has no effect whatsoever, **had never been tested and to make things worse, that they were made out of nanoparticles.**

Nanoparticles are known to be very reactive due to their tiny size and they are widely used as catalysators in chemical reactions. **Not to mention the fact that the human organism is not able to metabolize or to eliminate these nanoparticles easily.**

The story reached its climax as soon as the information spread among the public opinion that the chancellor Angela Merkel and **the German army would get the same vaccine but without the adjuvants, while the police and the general population would be vaccinated with the vaccine containing nanoparticles that the human body cannot metabolize and eliminate.**

They analyzed the causes and published their conclusions and recommendations for the future in the edition No. 12, dated December 2010, of the German Federal Health Bulletin under the meaningful title **"Pandemics, Lessons Learned." Which basically means: The lessons that we learned from the swine flu H1N1 failure!"** - Dr. Stefan Lanka, Biologist, in "The Virus Misconception" Part II, WissenschafftPlus Magazin, Auszug, 02/2020.

The Farce of the Swine Flu Pandemic 1976

"**In 1976, officials responded with vaccination that killed more people than the flu. While others later suffered from Guillain-Barre syndrome, which damages nerves and can lead to paralysis.**" - in "Ex-CDC head recalls 76 swine flu outbreak", CNN, 2009.

"**The vaccine was linked with the Guillain-Barré Syndrome - an often paralyzing and sometimes killing side effect. First, how shall top lay officials, who are not themselves expert, deal with fundamental policy questions that are based, in part, on highly technical and complex expert knowledge - especially when that knowledge is speculative, or hotly debated, or when "the facts" are so uncertain?**

When such questions arise, with how much deference and how much skepticism should those whose business is doing things and making policy view those whose business is knowing things—the scientists and the experts?

The National Influenza Immunization Program, the official title for this venture, was unprecedented in intended timing and in scope among American immunization efforts.

It aimed at inoculating everyone before December 1976 against a new flu strain that might conceivably become as big a killer as the flu of 1918, the worst ever.

The program was funded by Congress through a $135 Million appropriation, and it was later buttressed by special legislation in the field of liability.

It was conducted through state health departments, with technical assistance from health agencies in HEW.

Inoculations started late, October 1, 1976. They had been slowed somewhat by difficulties in deciding children's dosages and seriously stalled by liability issues.

On December 16, the program was suspended to assess statistical evidence of a serious side-effect.

Mass immunization never started up again.

As a full-scale operation, the program's life was thus not 12 months but 2 and a half.

The killer never came. The fact that it was feared is one of many things to show how little experts understand the flu, and thus how shaky are the health initiatives launched in its name. Decision-making for the swine flu program had 7 leading features.

To simplify somewhat, they are:

1. Overconfidence by specialists in theories spun from meagre evidence.

2. Conviction fuelled by a conjunction of some pre-existing personal agendas.

3. Zeal by health professionals to make their lay superiors do right.

4. Premature commitment to deciding more than had to be decided.

5. Failure to address uncertainties in such a way as to prepare for reconsideration.

6. Insufficient questioning of scientific logic and of implementation prospects.

7. Insensitivity to media relations and the long-term credibility of institutions.

In the year of its formal existence from March to March, the swine flu program chalked up numbers of accomplishments which give it weight historically. In these terms it may go down as a qualified success. More than 40 million civilians were inoculated, twice the number ever reached before in one flu season.

A notable surveillance system was developed, better than anything before." - in "The Swine Flu Affair", 1978.

The CDC Identifies The Virus as Swine Flu

"**The program to immunize 210 million Americans against swine flu failed.**

It set back the Federal government's relations with state **Health Agencies, Private Physicians, Pharmaceutical Manufacturers, and the Insurance Industry.**

It increased mistrust of immunization programs and of government health programs in general.

The swine flu immunization program is over. There was no epidemic and as of 5 July 1977, the US Center for Disease Control (CDC) reported that about 45 million people had been vaccinated against swine influenza. The Center had originally hoped to immunize 210 million.

February 14, 1976: **The CDC identifies the Virus as Swine Flu.**

March 10, 1976: The CDC's Advisory Committee on Immunization Practices agrees that a **vaccine should be produced and a plan developed to administer it.**

March 26, 1976: Ford sends to Congress the

Administration's **request for $135 million in supplemental appropriations for a national swine flu immunization program.**

April 5, 1976: **The bill to amend the Public Health Service Act to authorize and regulate the influenza immunization program** is introduced in the House.

It passes by voice vote.

There were only 3 laboratory isolations of the virus.

Because the program seemed unnecessary, it may be more difficult to convince people of the danger of the next incipient epidemic: **the swine flu program attracted such wide press coverage that the public health establishment was made to look overly alarmist.**

The Swine Flu Program was once widely seen and now is overwhelmingly recalled as a "fiasco," a "disaster," or a "tragedy."” - in “The Failure of the 1976 Swine Influenza Immunization Program”, Sharon L. Begley, Science Newsweek, 5 August 1977.

> ***“With fears of swine flu engulfing the nation in 1976, Janet Kinney got vaccinated to make sure she would be able to take care of her children. Instead, her children ended up taking care of her.”*** *- in “1976 Offers Some Lessons, and Concerns, Today”, The New York Times, 8 May 2009.*

Mouth-to-Mouth Resuscitation Swine Flu Showed No Signs of Illness

"This virus was the cause of a pandemic in 1918 and 1919 that resulted in over half a million deaths in the united states as well as 20 million deaths around the world." *- Gerald Ford, President of the USA, televised address to the nation on the Swine Flu, 1976.*

"The US government's publicity machine was cranked into action to urge all America to protect itself against the swine flu menace.

"Influenza is serious business during major flu epidemics *millions of people are sick and thousands die this year you can get protection the vaccines are safe easy to take and they can protect you against flu so roll up your sleeve protect yourself." - USA Advert Flu "Roll up your sleeve, America", US Government TV Commercial Advert, 1976.*

"Why did this so-called deadly variety of flu, where did it first hit back in 1976?

It began right here at Fort Dix, New Jersey in January of that year, when a number of recruits began to **complain of respiratory ailments something like the common cold** an army doctor here sent samples of their throat cultures to the New Jersey Public Health laboratory to find out just what kind of bug was.

Four others who were sick, so **they sent those cultures to the CDC, a few days later they got the verdict Swine Flu.**

One of those samples was from a private David Lewis, who had left his sick bed to go on a forced march.

Private Lewis had collapsed on that march and his sergeant had revived him by mouth-to-mouth resuscitation but the sergeant showed no signs of illness.

A few days later private lewis died.

But that much publicized outbreak of swine flu at Fort Dix involved only private Lewis who died, and those 4 other soldiers who recovered completely without the swine flu shot." - Mike Wallace in "60 Minutes: Swine Flu", 1976.

Tests Leads to Epidemic That Wasn't

"When hundreds, or thousands of people are tested, false positives can make it seem like there is an epidemic.

"You're in a little bit of no man's land", with the new molecular tests, said Dr Mark Perkins, an infectious disease specialist and **chief scientific officer at the Foundation for Innovative New Diagnostics, a nonprofit foundation supported by the Bill and Melinda Gates Foundation.**

Dr Cathy A. Petti, an infectious disease specialist at the University of Utah, said the story had one clear lesson:

"The big message is that every lab is vulnerable to having **false positives. No single test result is absolute, and that is even more important with a test result based on P.C.R.**"- in "Faith in Quick Test Leads to Epidemic That Wasn't", New York Times, 22 January 2007.

Arguments will seldom change the aspects or the views of any. And truth itself needs no champion, for it is of itself champion of champions and needs no defence.

5 June 2024
Bird Flu Farce

"On 23 May 2024, the Mexico IHR NFP reported to PAHO/WHO a confirmed case of human infection with avian influenza A(H5N2) virus detected in a 59-year-old resident of the State of Mexico who was hospitalized in Mexico City and had no history of exposure to poultry or other animals.

The case had multiple underlying medical conditions.

The case's relatives reported that the case had already been bedridden for 3 weeks, for other reasons, prior to the onset of acute symptoms.

On 17 April, the case developed fever, shortness of breath, diarrhoea, nausea and general malaise.

On 24 April, the case sought medical attention, was hospitalized at the National Institute of Respiratory Diseases "Ismael Cosio Villegas" (INER) and died the same day due to complications of his condition.

Results from Real-Time Polymerase Chain Reaction (RT-PCR) of a respiratory sample collected and tested at INER on 24 April indicated a non-subtypeable influenza A virus.

On 8 May, **the sample was sent for sequencing to the Laboratory of Molecular Biology of Emerging Diseases Center for Research in Infectious Diseases (CIENI) of INER, which indicated that the sample was positive for influenza A(H5N2).**

On 20 May, the sample was received at the Institute of Epidemiological Diagnosis and Reference (InDRE) of the Mexico National Influenza Centre, for analysis by **RT-PCR, obtaining a positive result for influenza A.**

On 22 May, **sequencing of the sample confirmed the influenza subtype was A(H5N2)."** - in " Avian Influenza A (H5N2) – Mexico", WHO, 5 June 2024.

7 June 2024
Mexico's Health Secretary Denies Death From Bird Flu

"Jorge Alcocer Varela dismisses WHO announcement that 59-year-old man's death was due to A(H5N2) strain.

Mexican Health Secretary Jorge Alcocer on Thursday denied an announcement by the World Health Organization (WHO) that a man's death in Mexico was caused by a strain of bird flu that had never before been found in a human.

During a morning briefing, Alcocer rebuffed the WHO's announcement and assured that the 59-year-old man, who was reported to have died from the A(H5N2) strain of avian influenza, "died from other causes, mainly kidney and respiratory failure."

Alcocer urged people to remain calm and to take the WHO's announcement with caution because it is "not accurate."

"I can point out that the statement made by the World Health Organization is pretty bad, since it speaks of a fatal case (of bird flu), which was not the case", he said." - in "Mexico's health secretary denies death of resident due to bird flu subtype", AA, 7 June 2024.

Chapter 18

International Vaccine Institute

"To accelerate the development of a vaccine to prevent dengue and dengue hemorrhagic fever, debilitating diseases affecting children in the developing world, the Bill & Melinda Gates Foundation today announced a $55 Million grant to the International Vaccine Institute (IVI) to support the Pediatric Dengue Vaccine Initiative (PDVI).

Pediatric Dengue Vaccine Initiative

"Dengue is exacting an enormous toll on the health and economic development of millions of families in the developing world. *It is critical to assess more fully the real impact of this disease and* ***to begin an accelerated phase of research and development to develop a safe and effective Vaccine."*** *- Dr Samuel Katz,* ***Chairman of the IVI Board of Trustees****, PDVI's host organization.*

PDVI, founded in 2001 with a grant from the Rockefeller Foundation to IVI, will use the grant announced today to develop at least **2 clinical trial sites in Southeast Asia, and South America.**

This research infrastructure will enable researchers to move Vaccine candidates rapidly into large-scale human trials.

In addition, the grant will enable PDVI to examine the extent and impact of dengue in the developing world." - in "Gates Foundation Commits $55 Million to Accelerate Dengue Vaccine Research", Bill & Melinda Gates Foundation, September 2003.

Mosquito Borne Flavavirus

"Bill Gates has donated $27 Million to step up the fight against a debilitating Virus that kills 1 in 3 of its victims.

The Bill and Melinda Gates Foundation this week announced funding for a 5 year programme to combat Japanese encephalitis, the leading cause of **viral encephalitis** in Asia.

Almost **half of all cases** of the disease, **a Mosquito borne Flavavirus, result in long term disability, including paralysis, seizures, and mental disability.**

A third of victims, **mainly children** aged under 15, die.

The condition is untreatable but can be prevented through vaccination.

The Children's Vaccination Project at the Program for Appropriate Technology in Health (PATH), in Seattle, Washington, will use the money to accelerate development of an improved vaccine and bolster disease surveillance.

Project Director Dr Julie Jacobson said it was "an absolute travesty" that so little had been done to protect people against a virus that now threatened up to 3 Billion people in Asia." - in "BMJ", 13 December 2003.

Public—Private Partnerships On Neglected Diseases

"The Bill and Melinda Gates Foundation (Seattle, WA, USA) announced on 21 September the availability of $168 Million in grants to fight malaria, including $100 Million earmarked **to develop Vaccines through the Public-Private Partnership Malaria Vaccine Initiative (Seattle, WA, USA).**

The charitable sector, by financing early-stage development, has lowered the risk **in creating Vaccines for diseases prevalent in developing countries.**

As a result, targeting neglected diseases has now become attractive to **Biotech Companies that are willing to explore new markets.**

Companies can also make profits by adapting vaccines to the needs of developed countries.

The US BioShield proposal now pending before Congress would, if enacted, pony up $6 Billion in public funds to address **infectious diseases, such as Ebola**, that are now considered security issues." - in **"Public–private partnerships boost research on neglected diseases"**, Nat. Biotechnol., 2003.

It Is Well Known That Once Introduced Into The Immunization Program It Becomes Politically Impossible To Stop Any Vaccination

"The Committee finds the entire matter very intriguing and fishy. The choice of countries and population groups; the monopolistic nature, at that point of time, of the product being pushed; the unlimited market potential and opportunities in the universal immunization programmes of the respective countries are all pointers to a well planned scheme to commercially exploit a situation.

Had PATH [Program for Appropriate Technology in Health, an international global health organization based in Seattle] been successful in getting the HPV Vaccine included in the universal immunization program of the concerned countries, this would have generated windfall profit for the manufacturer(s) by way of automatic sale, year after year, without any promotional or marketing expenses. It is well known that once introduced into the immunization program it becomes politically impossible to stop any vaccination. To achieve this end **effortlessly without going through the arduous and strictly regulated route of clinical trials, PATH resorted to an element of subterfuge by calling the clinical trials as "Observational Studies" or "Demonstration Project"** and various such

expressions. Thus, **the interest, safety and well being of subjects were completely jeopardized by PATH by using self-determined, and self-servicing nomenclature, which is not only highly deplorable but a serious breach of law of the land. The Committee is not aware about the strategy followed by PATH in the remaining 3 countries viz. Uganda, Vietnam and Peru. - Report** No.72, **Parliament of India,** 30 August 2013." - in **"Intriguing And Fishy" Says Top Indian Committee On HPV Vaccine Trials; Lashes Out At PATH, Local Regulators For Violations"**, PharmAsia News, 2 September 2013.

Public Health Foundation of India Has 32 Staff Members Draw Their Salaries From the Bill & Melinda Gates Foundation - 2016

"Members of the steering group of National Health Mission (NHM) cornered the government with objections about **Bill and Melinda Gates Foundation (BMGF) paying for the Secretariat of the National Advisory Group on Vaccines** — the most powerful decision-making body which decides on vaccines that should become part of the government's immunisation programme.

Several members of the steering group, questioned the Government about the propriety of the secretariat of the National Technical Advisory Group on Immunisation (NTAGI) **having been moved out of the Government of India Ministry of Health (Nirman Bhawan) and what effect it would have on India's Vaccine Policy that the Secretariat staff is not paid for by the Government.**

As one steering group member noted:

"The National Technical Advisory Group on Immunisation (NTAGI) Secretariat has been moved out of the [Government's Health] ministry to the office of Public

Health Foundation of India, and the 32 staff members in that Secretariat draw their salaries from the Bill & Melinda Gates Foundation (BMGF)."

There is a clear conflict of interest — on one hand, the BMGF funds the secretariat that is the highest decision making body in vaccines and, on the other, it partners the pharma industry in Global Alliance for Vaccines and Immunization (GAVI).

This is unacceptable." - in "'Conflict of interest': NHM panel raises questions on Bill Gates Foundation", Times of India, 30 March 2016.

"A meeting was held at the residence of Sir Paul Nurse, then-president of Rockefeller University; that the invitation to the gathering was co-written by Bill Gates, Warren Buffett, and David Rockefeller; or that the aim of the meeting was "to consider how their wealth could be used to slow the growth of the world's population."

It its 1968 annual report, the Rockefeller Foundation addressed the "Problems of Population", lamenting that "[v]ery little work is in progress on immunological methods, such as vaccines, to reduce fertility, and much more research is required if a solution is to be found here." - James Corbett, "Who is Bill Gates", The Corbett Report, 1 May 2020.

Global Scaling of Health Information Infrastructures — 2013

"The District Health Information Software (DHIS2), being used in over 30 countries by the Health Information Systems Programme (HISP) network, is becoming increasingly generic as it accumulates local translations and negotiates their generification.

While **the trend of development and progress of the software produces gains for the implementing actors,** there are also losses involved, for example the reduction of inscriptions.

Global scaling is an increasingly prominent feature of information systems, including Health Information Infrastructures (HII), which at the same time has been given little attention in the Information Systems (IS) field.

Large, international, initiatives driven by World Health Organization (WHO) and other agencies are increasingly aiming at both global reach of single systems to global monitoring needs, as well as transfer of best practices from one country to another.

Health Information Systems Programme

The research for this thesis has been carried out within **the Health Information Systems Programme (HISP), a global action-research initiative that since the mid-nineties has sought to improve HIS, predominately in Africa and Asia.**

Guiding principles for HISP have included participative design, open source, and **a focus on local empowerment for using health data for informed decision making.**

Health Information Infrastructures

For the health sector, one can speak of Health Information Infrastructures (HIIs), where there are a range

of open-ended networks of actors (doctors, nurses, managers, patients, policy makers, researchers, software, hardware, vendors, routines, formal and informal rules etc).

The many human and non-human components of HIIs mutually influence their development, and it can be said that IIs are not built, but they evolve over time (Nielsen 2006). In relation to scaling of HIIs, it is thus important to understand how these components, or actors, influence each other, and the relation between active guidance and autonomous evolution.

The empirical base of my research is HII development in several countries, most notable Botswana, Sierra Leone, and Tajikistan, centering on the same (evolving) software and philosophy of information use.

In 2000, the United Nations General Assembly signed the Millennium Declaration (United Nations 2000), and pledged to a series of goals that has become known as the Millennium Development Goals (MDG).

Several of these are related to health, such as Goal 4 to reduce child mortality, and **Goal 5 to improve maternal health.** These goals represent a point of gravity for the international community, and today it is rare to find a development project without a reference to these MDGs.

Several high-level initiatives, representing billions of dollars in investment in health, are in direct response to the goals and the targets set to be achieved by 2015.

Among these are new organizations like the Global Fund to fight AIDS, Tuberculosis and Malaria, which has spent more than $22 Billion USD since 2002, global partnerships like Roll Back Malaria, and special projects like the UN Commission on Information Accountability (CoIA) for health of women and children.

This increased attention on health has not translated equally to the thrust for better health information, which continues to be in a poor state in many countries.

As late as 2012, the WHO Director-General addressed the need to improve HII.

Health Metrics Network

The Health Metrics Network (HMN) represented the first global partnership initiative to address these issues, from 2005, and more established organizations have also changed their ways.

WHO has classified HIS as an essential building block of country health systems(WHO 2009).

This thesis is based on active work to strengthen HII at many levels; from facilities, to local administrative levels, national, and the global level.

I have primarily been working in Sierra Leone and Botswana, though also in other countries in Africa and Asia, as well as 2 years at the WHO in Geneva, Switzerland.

The empirical basis for this thesis is thus coming from this work, and my engagement with HII development, scaling, and institutionalization in several contexts and countries.

This has taken place within the HISP network, comprising several Universities, Ministries of Health, NGOs, individuals, and partners both in countries and at the global level.

Health Information Systems

An important concept that needs to be included in this thesis is that of health for all, which when adopted as a WHO goal in 1978 (WHO 1978) puts the emphasis on providing equitable health services at the community level.

Universal Primary Health Care (PHC) was seen as the strategy to achieve this goal, and this again has implications for the historical development of HIS.

While hospitals and specialized services have certain information requirements, so too has the general management of PHC, where services essential, for example for the MDGs, are given.

There is a strong imperative for correlating information from different sources, but due to a number of institutional-

technical reasons this is often not easily achieved, as these systems have evolved as multiple and separate sub-systems.

One example is that of Vaccinating children, which may necessitate access to population data (how many children need the vaccine?), service data (how many did we immunize?), logistics data (how much vaccine do we have?), human resource data (do we have enough staff with the right skills to provide vaccination services?).

Trends of Global Development and HIS

The changes around HIS, especially relating to "developing countries", corresponds not surprisingly to changes in the international development scene.

The Health Information Systems Programme

Within this landscape of HIS and development, the Health Information Systems Programme (HISP) has grown from a small pilot in Western Cape province in South Africa in the end of the 90s (Braa and Hedberg 2002), to become an international network of people related to health information strengthening in more than 30 countries in Africa and Asia.

The concept of generification brings in the multi-site dimension of global scaling by explaining how HIIs will increasingly become more generic as a variety of users and context come into play.

This can be intentional, as a scaling strategy by for instance vendors seeking to expand their market, or unintentional as a matter of accumulation of technology translations.

If such translations circulate and are re-translated by others, **there will potentially be a drift towards generic solutions.**

As technology has become increasingly dematerialized and more digital, coupled with increased ease of transmitting such digital material, circulation and translation of technology have become easier and faster.

The process of translation has been sped up, in turn increasing the speed of generification.

I conclude this chapter by proposing a view of global scaling of HIIs as one of "circulation of translations", where generification is the result of aggregated particularities.

The questions remains, however, through what mechanisms does global scaling take place.

That is an empirical question which my field work will focus on.

Constellation effects, for example related to the availability of such open source packages, become an important determining factor in the effectiveness of scaling.

This scaling can of course lead to other circulating effects where the statistical functions incorporated for food security can then be used in the health domain for epidemiological analysis.

Institutionalization, Politics, and Interoperability

At the end of 2009, the process in Sierra Leone forked, largely based on new international agendas.

The 3 most important parallel processes were 1) revision of reporting forms and continuation of process to strengthen health management using the data and DHIS2, which is linked to 2) the increasing pressure (linked to funding constraints) on HMN to show results beyond implementation (again linked to more international emphasis to evaluate based on health impact rather than more easily measured outcomes), and 3) developments related to standards for exchange of statistical health data.

Some districts even copied the template, ranking their chiefdoms, representing sub-districts which did not have a health administration by themselves, but who were partly autonomous through paramount chiefs who could implement "laws" or advice its population.

This was a very powerful, new, and transparent way of looking into quality of service.

The better performing districts could report of strong paramount chiefs who were taking their position in the

league tables seriously; discussing with health staff how to make the population use the public health services, how to provide incentives for giving birth at a facility, and the like.

Seeing this, the district medical officer published a note in a newspaper stating that all mother and child health services were now free in his district, and also implemented other measures to improve his indicators.

For example, since **the capital has many more private health facilities than the rest of the country, he agreed with them to collect a least data on deliveries, while they are in general sceptical against sharing data.**

The second process was more taking place at the global level, though a close collaboration with the national team in Sierra Leone and HMN was essential.

As the core funding for HMN was about to end (more than 90% funded by Bill and Melinda Gates Foundation 2005-10).

Electronic Record Systems in South Africa

The immunization program, for example, realized that the quality of their data that were included in the minimum report was higher than in their own data reporting system, and subsequently "gave in" and included their Vaccine Reporting in the now national essential data set.

There are several electronic record systems in South Africa, or computerized transaction systems as seen related to the data warehouse debate.

For the Tuberculosis electronic register and from some Anti-retroviral Treatment electronic registries for AIDS patients, "extract, transform and load" functionality is established with the DHIS; the standard, more technically advanced "Western" data warehouse model is gradually being adopted.

Funding

It is no secret that international organizations, and in particular government aid agencies, have different kinds of agendas, involving both political and altruistic elements.

Funding has in my case come primarily from University of Oslo sources, NORAD, EU, and The Gates Foundation through HMN." - Johan Ivar Sæbø, in "Global Scaling of Health Information Infrastructures: Circulating Translations", April 2013.

It's a Wonderful Thing To Go In And Create A Broad Identification System - 2015

"On 1 December 2015, the U.S. Department of the Treasury and the U.S. Agency for International Development (USAID) will host the **Financial Inclusion Forum.**

The forum will bring together a diverse group of leaders from the U.S. and Foreign Governments, Financial Institutions and other Corporations, and Nonprofits.

Treasury Secretary Jacob J. Lew and **Bill Gates, Co-Chair of the Bill & Melinda Gates Foundation, will deliver opening remarks.**

At this event, participants will explore ways to foster greater access to safe and affordable financial services for everyone.

A number of participants are expected to make announcements about specific ways that they can accelerate progress on financial inclusion efforts in the United States and worldwide." - in "Treasury and USAID Host Financial Inclusion Forum", 24 November 2015.

"Every country really needs to look through these KYC—know your customer—rules to make sure that customers are able to prove who they are.

But of course in many countries you don't have any type of ID system.

And the lack of an ID system is a problem, not just for the payment system, but also for voting and health and education and taxation.

And so it's a wonderful thing to go in and create a broad identification system.

India is a very interesting example of this, where the Aadhaar system, which is a **12-digit identifier that's correlated to biometric measures**, is becoming pervasive throughout the country and will be the foundation for **how we bring this low-cost switch to every mobile phone user in India.**

The same type of thing is happening now in in Pakistan and there's early beginnings of creating these ID programs in Africa as well.

We expect to be able to use the IDs so that when you show up for any government service — say, you walk into a primary health clinic — we'll be able to take that bio ID very quickly and bring up your electronic health record.

Even if you've moved from one part of the country to the other, you will be well tracked and well served without nearly as much paperwork or waiting.

And so the ID system is foundational.

Once financial flows go underground — where you have lots of legitimate transactions mixed in with the ones you want to track — **and once they're going over a Digital System that the US has no connection to, it's far more difficult to find the transactions that you want to be aware of or that you want to block."** - Bill Gates, "Financial Inclusion Forum", US Department of Treasury, and USAID, Washington DC, 1 December 2015

Digital Identification Systems - 2017

"The global health community must move to digital systems.

My organization, Gavi, the Vaccine Alliance, spends an average of nearly US$2 Billion a year on getting vaccines to children in the poorest countries.

It has also invested tens of millions of dollars in innovations to monitor immunization.

The technology sector is on a mission to equip everyone on the planet with a digital and online presence.

And the innovations that will help to achieve that goal are exactly those that could aid the global public-health community in vaccinating every child.

One of the biggest needs is for affordable, secure digital identification systems that can store a child's medical history.

Technology is already intertwined with vaccine delivery.

Other projects help to inform us of who receives vaccines." - Seth Berkley, chief executive of Gavi, the Vaccine Alliance, in "Immunization needs a technology boost", Nature, 13 November 2017.

World Bank Group ID4D - 2018

"ID4D is a cross-sectoral platform that creates and leverages partnerships with United Nations agencies, other donors, non-government organizations, academia, and the private sector.

Partnerships

Given the size of the global identification gap, no single country, international organization, NGO, or private sector entity can surmount this challenge by working alone—coordination is needed at the global, regional and national levels.

To this end, ID4D is developing strong partnerships with a range of actors working on this emerging topic—including United Nations (UN) agencies, foundations, think tanks and academics, regional bodies, private sector associations and standards bodies." - in "ID4D", Who Is Involved, World Bank, 2 May 2018.

"The ID4D Initiative brings global knowledge and expertise across sectors and countries to tackle this fundamental challenge.

It operates as a horizontal initiative across at least 10 different World Bank Group Global Practices and units working on digital development, social protection, financial inclusion, health, governance, gender, legal and data.

Partnerships

To accelerate the Initiative's work at global, regional and country levels, the ID4D Multi-Donor Trust Fund (MDTF) was established with catalytic contributions from the Bill & Melinda Gates Foundation followed by the UK Government, the French Government, NORAD and the Omidyar Network.

This MDTF provides a platform for partners to cohesively advance progress across ID4D's 3 pillars **with a common vision and shared actions;** and **shapes global approaches and a shared vision on identification."** - in "ID4D", Who Is Involved, World Bank, 2023.

Development of Quantum-Dot Tags Fluoresce With Information After They Are Injected As Part of Vaccination —2019

"Quantum-Dot Tattoos Hold Vaccination Record.

Rice bioengineer reveals dissolving microneedles that also embed fluorescent medical info.

Keeping track of a child's shots could be so much easier with technology invented by a new Rice University professor and his colleagues.

> ***"The Bill and Melinda Gates Foundation came to us and said, 'Hey, we have a real problem, knowing who's vaccinated. So our idea was to put the record on the person. This way, later on, people can scan over the area to see what Vaccines have been administered*** *and give only the ones still needed." - Kevin McHugh*

This highly specific medical record consists of copper-based quantum dots embedded in biocompatible, micron-scale capsules.

Their near-infrared dye is invisible, but the pattern they set can be read and interpreted by a customized smartphone." - in "Quantum-dot Tattoos Hold Vaccination Record", Rice University, 18 December 2019.

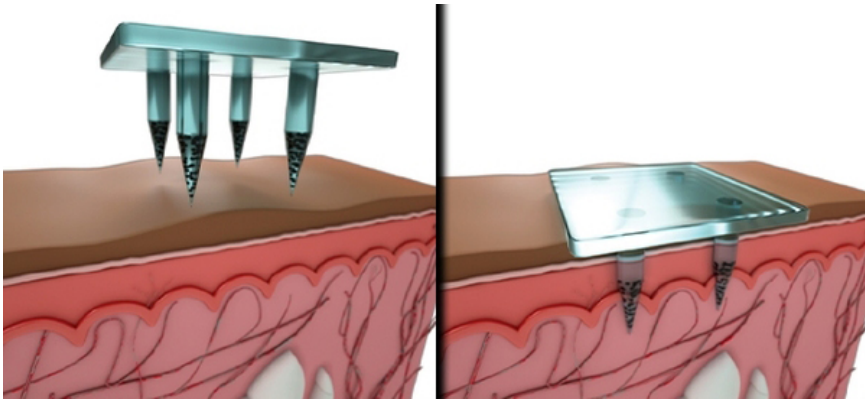


Image Source:

"Storing medical information below the skin's surface Specialized invisible dye, delivered along with a vaccine, could enable "on-patient" storage of vaccination history.

"In order to be protected against most pathogens, One Needs Multiple Vaccinations." *Jaklenec research science at MIT.*

The research was funded by the Bill and Melinda Gates Foundation and the Koch Institute Support (core) Grant from the National Cancer Institute." - in "Massachusetts Institute of Technology News", 18 December 2019.

"We aimed to develop a platform that is robust, inexpensive, and easy to use to overcome the primary obstacles to implementation in the developing world.

We hypothesized that information, such as Vaccination history, could be encoded invisibly in the skin by applying a distinct pattern of near-infrared (NIR) fluorescent microparticles using a microneedle patch.

Commercial Dye and Custom Quantum Dot Characterization

To create a microneedle platform that could be applied to the skin, rapidly dissolve, and leave behind particles that can later be imaged to determine vaccination status.

These fluorescent microparticles must be delivered below the shed layers of skin to ensure their long-term residence in tissue.

The QD signal stabilizes rather quickly and then presents a fairly consistent SNR at 3, 6, and 9 months, indicating that microparticle clearance likely primarily occurs at early time points (less than 3 months).

In addition to the stand-alone value of an intradermal information encoding and detection platform, this system may offer greater advantages when codelivered with vaccines.

By delivering both agents in the same microneedle patch, there is the potential to realize production cost advantages and eliminate the possibility of misuse (such as applying the encoding patch without the vaccine).

However, to function in combination with microneedle vaccines currently under development, PMMA-encapsulated NIR QDs must not interfere with the robust immune response generated by intradermal antigen delivery.

We present data characterizing signal expression over 9 months in animals and in vitro accelerated solar light photobleaching, which suggest that detectable markings would persist to the target time point of 5 years." - in "Biocompatible near-infrared quantum dots delivered to the skin by microneedle patches record vaccination", Science Translational Medicine, 18 December 2019.

Funding:

This work was funded by the Bill & Melinda Gates Foundation.

NIH Ruth L. Kirschstein National Research Service Award.

National Natural Science Foundation of China, and China Scholarship Council for financial support.

The Koch Institute Support (core) Grant from the National Cancer Institute.

Harvard University Center for Nanoscale Systems (CNS), a member of the National Nanotechnology Coordinated Infrastructure Network (NNCI), which is supported by the National Science Foundation under NSF.

Competing Interests:

The List of Competing Interests Disclosure shows a list of 3 pages containing 190 Pharmaceutical, Vaccine, and Financial Companies among many others are:

28. Blackrock
70. Glaxosmithkline
73. Goldman Sachs
107. Merck
127. Pfizer, Inc.
110. Moderna Therapeutics

We Will Have Digital Certificates - March 2020

"In the United States, the first coronavirus-related activity restrictions were issued on 12 March 2020, when a community within New Rochelle, New York, **was declared to be a "containment area."** - in "Statewide COVID-19 Stay-at-Home Orders and Population Mobility in the United States", World Med. Health Policy., December 2020.

5 Days After the first coronavirus-related activity restrictions were issued in the USA 12 March 2020, Bill Gates went on Reddit on the 18 of March 2020.

Bill Gates Ask Me Anything

"Over the years I've had a chance to study diseases like influenza, Ebola, and now COVID-19 — including how epidemics start, how to prevent them, and how to respond to them.

The Gates Foundation has committed up to $100 Million to help with the COVID-19 response around the world, as well as $5 Million to support our home state of Washington.

I'm joined remotely today by Dr Trevor Mundel, who leads the Gates Foundation's global health work, and Dr Niranjan Bose, my chief scientific adviser.

Ask us anything about COVID-19 specifically or Epidemics and Pandemics more generally.

"Question: In your opinion, after this pandemic comes to a close, however long that may be, what should be the first step we as a global community take so that we are better prepared for the next pandemic?

Bill Gates: The TED talk I did in 2015 talked about this.

We need to have the ability to scale up diagnostics, drugs and vaccines very rapidly.

The technologies exist to do this well, if the right investments are made.

Countries can work together on this.

We did create CEPI = Coalition for Epidemic Preparedness Innovation, which did some work on Vaccines but that needs to be funded at higher level to have the standby manufacturing capacity for the world.

Question: How is the economy likely to recover after all if this in your opinion?

Bill Gates: Yes eventually. **The economic impact of the "shut down" will be large,** but if it is done well **(including the Testing piece which I keep mentioning) eventually we can open back up.**

Question: What changes are we going to have to make to how businesses operate to maintain our economy while providing Social Distancing?

Bill Gates: Eventually, we will have some Digital Certificates, to show who has recovered, or been tested recently, or when we have a Vaccine who has received it." - Bill Gates in "I'm Bill Gates, co-chair of the Bill & Melinda Gates Foundation. AMA about COVID-19", Reddit, 18 March 2020.

Worldwide Biometric Secure Identity Platform - May 2020

"And so while we started with travel, at our core we're a **Biometric-Secure Identity Platform, where it's always been about attaching your identity to your boarding pass at the airport or your ticket to get into a sports stadium or your credit card to buy a beer.**

And so now, **with the launch of Clear Health Pass, it's about attaching your identity to your COVID-related health insights for employers, for employees, for customers."** - Caryn Seidman Becker, Clear CEO, in "CLEAR's new Health Pass service to help screen for Coronavirus", CNBC, 15 May 2020.

"GlaxoSmithKline and Google parent Alphabet's life sciences unit are creating a new company focused on fighting diseases by targeting electrical signals in the body, jump-starting a novel field of medicine called bioelectronics.

Verily Life Sciences - known as Google's life sciences unit until last year - and **Britain's Biggest Drugmaker** will together contribute USD $715 Million over 7 years to Galvani Bioelectronics.

The tie-up shows the growing convergence of healthcare and technology.

Galvani will be fully consolidated in GSK's financial statements, following the model of the group's majority-owned **ViiV Healthcare business, which sells HIV medicines."** - in "GSK and Google parent forge $715 million Bioelectronic medicines firm", Reuters, 1 August 2016.

"Bioelectronic remedies attach battery-powered implants the size of a grain of rice or smaller to individual nerves to correct faulty electrical signals between the nervous system and the body's organs.

GSK and Verily, renamed from Google Life Sciences, said their collaboration would combine GSK's Drug Development, with Verily's expertise in Miniature Electronics, Data and Software for Clinical Purposes.

Hopefully in 10 years there will be a treatment option where your doctor will say: "Why don't you go for bioelectronic? And a surgeon will do a little procedure and it will help the organ to do what it should be doing."

Moncef Slaoui, GSK's chairman of Global Vaccines, will chair the new company's board." - in "Google and GSK form venture to develop Bioelectronic Medicines", The Guardian, 1 August 2016.

"GSK, the United Kingdom's biggest drug company, will form a joint venture with Verily Life Sciences (formerly Google Life Sciences), a division of Alphabet.

GSK has been conducting research in bioelectronic medicine since 2012.

The 2 companies said that the new partnership would **combine GSK's Drug Development, with Verily's knowledge of miniaturised electronics, device development, data analytics, and software development** for clinical applications.

If successful, **this approach offers the potential for a new therapeutic modality alongside traditional medicines and Vaccines."** - in "GSK and Google form partnership to develop Bioelectronic Medicines", BMJ, 3 August 2016.

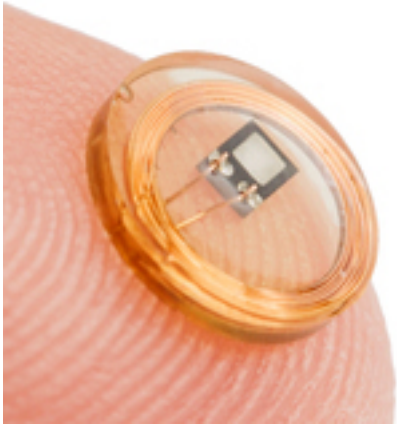


Image Source:
"GSK and Google form partnership to develop Bioelectronic Medicines", BMJ, 3 August 2016.

Microchips Are Inserted In The General Population

"The Russian General Alexei Savin, stated in the newspaper Pravda, that a Human Being is an Information and Electrical System, which can be influenced from outside. First attempts to influence human behaviour, attitudes and feelings were attempted already 1874, in the Good Smaritan Hospital, Dayton, Ohio, USA, when a female patient got electrodes placed in her brain.

She died shortly after the operation.

In Sweden, Dr Alm inserted electrodes into the skull of baby boy, Bengt in 1946, without the knowledge of the parents at the Saska Childrens Hospital, Stockholm.

Later his mother told me, of his lifelong suffering as an adult, as consequence of this operation.

Today microchips of the size of 2 micromillimeter are inserted into general population without their consent e.g. in Vaccinations, like the swine-flu Vaccine for their total control. Medical personnel working in the field get different information of Vaccine content than researchers, and insiders who follow the United Nations Agenda 21, for depopulation by 85% of the world population by various means. All Medical Schools, teach that one is mentally ill if you hear voices in your head, feel that you are surveilled. Military mind control, is listed as a "nonlethal" weapon, but in psychiatry the whole subject is Tabu, and considered as sign of mental illness to cover up unethical research on humans. UNIDIR, a UN institute for disarmament research in Geneva has year 2002, listed Mind Control as a weapon of mass destruction, along side with Atom Bombs. **Man is a mind, not a body**, when our body consists of 70% of water, and our brain 87% water, so our energy holds us together. According to Einstein energy never disappears,but only changes form. **He who controls the minds of men controls the world!"** - Dr Rauni-Leena Tellervo Luukanen-Kilde, MD, Former Chief Medical Officer for Lapland, Iceland, in "Bright Light On Black Shadows: Man Is A Mind Not A Body", CHC, **28 November 2014.**

Global Digital Cooperation UN 2023

"1. Digital IDs linked with bank or mobile money accounts can improve the delivery of social protection coverage and serve to better reach eligible beneficiaries.

2. Drone technology can monitor crops and provide information on how much water is needed.

Software systems available through mobile apps can monitor and analyse data.

3. Novel platform-based Vaccine Technologies and smart Vaccine Manufacturing Techniques help to produce greater numbers of higher-quality Vaccines.

Open-source platforms can help accelerate and scale up Vaccine delivery.

17. Partnerships between States, Private Sector and Civil Society leverage the capacity of Digital Tools to provide solutions for development across the Sustainable Development Goals.

Examples include the Digital Public Infrastructure Alliance, the Coalition for Digital Environmental Sustainability and Public-Private Partnerships for Disaster Response." - in "Sustainable Development Goals (SDGs)", United Nations, 16 May 2023.

The Fourth Industrial Revolution

"Delighted we've agreed to work even closer with the World Economic Forum & their Centre for the Fourth Industrial Revolution *to help make Artificial Intelligence work for everyone. Davos18". - Matt Hancock, in "Twitter", 26 January 2018.*

Just bear in mind that the World Economic Forum is a Private Company.

Matt Hancock, Secretary of State for Digital, Culture, Media and Sport
In office from 8 January 2018 to 9 July 2018.

Matt Hancock, Secretary of State for Health and Social Care
In office from 9 July 2018 to 26 June 2021.

Early career
After university, Hancock briefly worked for his family's computer Software Company.

"The possibilities of Billions of people connected by Mobile Devices, with unprecedented processing power, storage capacity, and access to knowledge, are unlimited.

As the physical, **digital, and biological worlds continue to converge**, new technologies and platforms will increasingly enable **citizens to engage with governments,** voice their opinions, coordinate their efforts, and even **circumvent the supervision of public authorities.**

Simultaneously, **governments will gain new technological powers to increase their control over populations, based on pervasive surveillance systems and the ability to control digital infrastructure.**

I wonder whether **the inexorable integration of technology in our lives could diminish some of our quintessential human capacities, such as compassion and cooperation.**

One of the greatest individual challenges posed by new information technologies is privacy.

We instinctively understand why it is so essential, yet **the tracking and sharing of information about us is a crucial part of the new connectivity.**

The Fourth Industrial Revolution may indeed have the potential to "robotize" humanity and thus to deprive us of our heart and soul." - Klaus Schwab, in "The Fourth Industrial Revolution", World Economic Forum, A Private Company, 14 January 2016.

Britain Must Prepare For Harder Lockdowns

"Britain must prepare for wider, earlier and more Stringent Lockdowns in the face of Future Pandemics, Matt Hancock has claimed.

He made the claim despite mounting evidence that lockdown has caused more harm than the pandemic, from soaring child mental health referrals to a "cancer bomb" of patients whose treatment was delayed alongside a struggling economy.

David Davis criticised his former Cabinet colleague, saying that Lockdowns were "ill-conceived and based on scientific guesswork, not science." - in "Britain must prepare for harder lockdowns, says Matt Hancock". The Telegraph, 27 June 2023.

"CDC's Six-Foot Social Distancing Rule Was 'Arbitrary', Says Former FDA Commissioner. Both the 10-foot and 6-foot recommendations were unfounded, said Gottlieb, and show "the lack of rigor" in how the CDC made public health recommendations." *- in "Forbes", 19 September 2021.*

It's Not About Money, It's About Control!

"This Gates-driven agenda is not about money.

It is About Control.

Control over every aspect of our daily lives, from where we go, to who we meet, to what we buy and what we do.

This is not about charity.

It is about control.

A Biometric Identification System Tied To A Digital Payments Infrastructure

The population control grid that Gates has been quietly funding into existence for the past decade — **a Biometric Identification System tied to a Digital Payments Infrastructure that will be used to track, catalogue and control every movement, every transaction and every interaction of every citizen** — is just now coming into view.

We must confront the possibility that this quest for control comes not from a selfless spirit of generosity that never seemed to exist before he became a multi-billionaire, but from the same drive for money, the same desire for domination and the same sense of superiority that motivated him on his way up the corporate ladder.

But if the answer to the question **"Who Is Bill Gates."**

The truth is that ideologies are viruses of the mind; they spread from person to person, infecting them with ideas that can lead to a disease of the body politic.

But here is the even greater truth: Inoculations do work, Inoculations of Truth against the Lies of those spreading their Poisonous Ideology.

But if Bill Gates has taught us anything, it's how to deal with a virus.

It's time for a hard reset." - James Corbett, "Who is Bill Gates", The Corbett Report, 1 May 2020.

"Governments globally are working to roll out digital identity schemes, but few have achieved broad adoption and utilization. To succeed, governments can create a virtuous circle of supply and demand. **Digital ID** provides reliable authentication and enables delivery of a range of services via web or mobile applications that require proof of identity. It has the potential to generate significant economic and social benefits. To date, governments around the world have launched around 165 digital, or partially digital, ID schemes. A Digital ID's ability to simplify interactions between individuals, governments, and businesses can bring significant benefits. Individuals and government: **Digital ID is a key enabler for modernizing public services such as those related to healthcare**, welfare payments, certifications, and licenses." - in "How Governments can deliver on the promise of Digital ID", **McKinsey & Company,** 31 August 2020.

Digital Libraries to Track Vaccines

"You need the data: you need to know who's been Vaccinated and who hasn't been." *- Tony Blair, former UK Prime Minister (Labour Party), in "100 Days to Outrace the Next Pandemic", World Economic Forum, 19 January 2023.*

"Tony Blair has called for Digital Libraries that can record the Vaccination status of people around the world in Future Pandemics. In a World Economic Forum (WEF) discussion on containing the next major viral disease outbreak, the former prime minister said all countries need **"proper digital infrastructure" to identify who has received Vaccines.** In a 2021 article on **"how to Vaccinate the whole world"**, Blair said "systematisation of all the information involved in the Vaccine rollout will provide vital data" and "allow governments to focus accurately [on] the deployment of Vaccines". - in "Tony Blair calls for Digital Libraries to Track Vaccines - 'You need the data, you need to know'", Yahoo News, 20 January 2023.

Chapter 19

Biomedical Advanced Research and Development Authority (BARDA)

"The prospect of domination of the nation's scholars by Federal employment, project allocation, and the power of money is ever present and is gravely to be regarded. Yet in holding scientific discovery in respect, as we should, we must also be alert to the equal and opposite danger that public policy could itself become the captive of a scientific-technological elite." *- Dwight D. Eisenhower, President of the United States, in "Eisenhower's farewell address to the nation", 17 January 1961.*

While reading this, please be reminded that there are no "viruses".

Please remember that there was no "pandemic".

Please be aware that BARDA gave away Millions of US Dollars to Moderna a Private Pharmaceutical Company that had never produced nothing.

Please be aware of the intertwined Public & Private-sector Partnerships, where Bureaucrat, Government Employees, Academics and Private Companies work together.

The Creation of DARPA

"Opportunities: Established in 1958 as part of the U.S. Department of Defense, Biomedical Advanced Research and Development Authority (DARPA) pursues opportunities for transformational change rather than incremental advances.

It does so **collaboratively as part of a robust innovation ecosystem that includes:**

Academic,
Corporate,
Governmental Partners." - in "Work With Us", Biomedical Advanced Research and Development Authority (DARPA), 6 July 2024.

DARPA: The Mastermind Behind The Nanoparticle Vaccine

"The U.S. government will pay the Vaccine maker Moderna $176 Million to accelerate development of a Pandemic Influenza Vaccine that could be used to treat bird flu in people, as concern grows about cases in dairy cows across the country, federal officials announced.

The award was made through the Biomedical Advanced Research and Development Authority (BARDA), a program that focuses on Medical Treatments for Potential Pandemics." - in "The US will pay Moderna $176 Million to develop an mRNA Pandemic Flu Vaccine", AP, 2 July 2024.

Pandemic Prevention Platform 60 Days To Stop A Pandemic

"Removing the Viral Threat: Two Months to Stop Pandemic X from Taking Hold DARPA aims to develop an integrated end-to-end platform that uses nucleic acid sequences to halt the spread of viral infections in **60 days or less. Over the past several years, DARPA-funded researchers have pioneered RNA Vaccine Technology, a Medical Countermeasure** against infectious diseases that uses coded genetic constructs to stimulate production of viral proteins in the body, which in turn can trigger a protective antibody response. As a follow-on effort, DARPA funded research into genetic constructs that can directly stimulate production of antibodies in the body.

DARPA is now launching the Pandemic Prevention Platform (P3) Program, aimed at developing that foundational work into an entire system capable of halting the spread of any viral disease outbreak before it can escalate to pandemic status.

Such a capability would offer a stark contrast to the state of the art for developing and deploying traditional Vaccines — a process that does not deliver treatments to patients until months, years, or even decades after a viral threat emerges.

"DARPA's goal is to create a technology platform that can **place a protective treatment into health providers' hands within 60 days of a pathogen being identified,** and have that treatment induce protection in patients within 3 days of administration.

Recent outbreaks of viral infectious diseases such as Zika, H1N1 influenza, and Ebola have cast into sharp relief the inability of the **Global Health System** to rapidly contain the spread of a disease using existing tools and procedures.

What is required now are breakthroughs in 3 other technology areas to bridge those past DARPA achievements and overcome the remaining bottlenecks that hinder rapid response to pandemic threats." - in "DARPA", 6 February 2017.

"DARPA continues to work closely with the Department of Defense (DoD), multiple U.S. Government Agencies, as well as its Academic and Industry Partners, to provide technical and scientific solutions to address the COVID-19 pandemic.

DARPA technology contributes to preventing future COVID-19 infections through Novel Vaccine Technology and more **pervasive environmental aerosol monitoring, and to treating the disease through novel antibody treatments, rapid drug discovery, and domestic active Pharmaceutical Ingredient Manufacture.**

As part of the **ADEPT program in 2011, DARPA began investing in nucleic acid Vaccines.**

The hypothesis was that rather than delivering antigens to the immune system, we could deliver genes that encode the antigen and allow the human body to produce the antigen from its own cells, triggering a protective immune response.

In December 2020, former ADEPT performer Moderna's RNA Vaccine received FDA Emergency Use Authorization (EUA) approval for the prevention of COVID-19.

In FY2016, DARPA initiated the Pandemic Prevention Platform (P3) program aimed squarely at the rapid discovery, testing, and manufacture of antibody treatments to fight any emerging disease threat.

P3 convincingly demonstrated how to find and manufacture antibodies in less than 90 days (vs. years), using influenza, Zika, and MERS as test cases.

As the COVID-19 outbreak began early in 2020, P3 research pivoted to address the novel coronavirus.

Researchers at **Massachusetts Institute of Technology (MIT)** are concentrating efforts on the development of new **Artificial Intelligence (AI) algorithms** that specifically address the problem of data scarcity inherent in studying **a novel virus**, and are looking to apply such techniques to identify synergistic combination therapies in the future." - in "COVID-19", DARPA, 19 March 2021.

The Lab Received DNA Sequencing

"Within weeks, scientists at the Walter Reed Army Institute of Research expect to announce that they have developed a Vaccine that is effective against COVID-19 and all its variants, even Omicron, as well as previous SARS-origin viruses.

The achievement is the result of almost 2 years of work on the virus.

The Army lab received its first DNA Sequencing of the COVID-19 virus in early 2020." - in "US Army Creates Single Vaccine Against All COVID & SARS Variants, Researchers Say", Defence One, 21 December 2021.

For Minute & Detailed Information on the Non Existence of "Viruses" please read the Book:

"VIRUSES: The Elusive 100 Year Search for the Missing "Viruses", Or The Farce And Fraud of Virology Explained in Detail", 2024.

Chapter 20

The Nuremberg Code

"1. The Voluntary Consent of the Human Subject Is Absolutely Essential.

This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision.

This latter element requires that before the acceptance of an affirmative decision by the experimental subject there should be made known to him the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonably to be expected; and the effects upon his health or person which may possibly come from his participation in the experiment.

The duty and responsibility for ascertaining the quality of the consent rests upon each individual who initiates, directs or engages in the experiment. It is a personal duty and responsibility which may not be delegated to another with impunity.

2. The experiment should be such as to yield fruitful results for the good of society, unprocurable by other methods or means of study, and not random and unnecessary in nature.

3. The experiment should be so designed and based on the results of animal experimentation and a knowledge of the natural history of the disease or other problem under

study that the anticipated results will justify the performance of the experiment.

4. The experiment should be so conducted as to avoid all unnecessary physical and mental suffering and injury.

5. No experiment should be conducted where there is an a priori reason to believe that death or disabling injury will occur; except, perhaps, in those experiments where the experimental physicians also serve as subjects.

6. The degree of risk to be taken should never exceed that determined by the humanitarian importance of the problem to be solved by the experiment.

7. Proper preparations should be made and adequate facilities provided to protect the experimental subject against even remote possibilities of injury, disability, or death.

8. The experiment should be conducted only by scientifically qualified persons. The highest degree of skill and care should be required through all stages of the experiment of those who conduct or engage in the experiment.

9. During the course of the experiment the human subject should be at liberty to bring the experiment to an end if he has reached the physical or mental state where continuation of the experiment seems to him to be impossible.

10. During the course of the experiment the scientist in charge must be prepared to terminate the experiment at any stage, if he has probable cause to believe, in the exercise of the good faith, superior skill, and careful judgment required of him, that a continuation of the experiment is likely to result in injury, disability, or death to the experimental subject.

7 Medical Trade Doctors Hanged In 1947 For Violating Informed Consent

"There was a Doctor's Trial because the Medical Violations, were a unique and profound fact of the Holocaust, and there's no gentle way to say this, we literally hung 7 Doctors over Violations of Informed Consent.

So the point is, this was understood to be a principle that any rational Doctor should Intuit right and in fact the Nuremberg Trial of the doctors was an extension of the Hippocratic Oath.

Every doctor swears to the Hippocratic Oath, if you have sworn to the Hippocratic oath to "First Do No Harm", then that has a direct extrapolation to Medical Experiments that the doctors who engaged in the behaviour that the Doctors engaged in were understood to have violated, implicitly to the point that they were executed publicly." - Dr Bret Weinstein, Professor of Evolutionary Biology, in "7 doctors hanged in 1947 for violating informed consent: Now COVID has broken the Nuremberg code", DarkHorse Podcast, 27 March 2023.

Disinformation Playbook

"How Business Interests Deceive, Misinform, and Buy Influence at the Expense of Public Health and Safety.

Some corporations manipulate science and scientists to distort the truth about the dangers of their products.

We call these tactics the Disinformation Playbook.

Companies and industry trade associations sometimes try to bury scientific information by harassing or intimidating scientists whose research threatens their bottom line.

> *"When Dr John Buse found that a diabetes drug had the side effect of higher risk of Heart Disease, GlaxoSmithKline officials threatened his integrity and career. In July 2010, an FDA advisory committee recommended a recall of Avandia, a drug used to treat Type-2 Diabetes, and placed severe restrictions on its availability. GlaxoSmithKline, Avandia's manufacturer, had long known about the drug's potentially life-threatening side effects. But the company used its power to silence scientists rather than protecting its customers by bringing the harm to light. In 2007, a meta-analysis of 42 randomized controlled trials of the drug confirmed Buse's findings and revealed that there was a 43% increase in the risk of Heart Disease among Diabetics taking Avandia." - in "GlaxoSmithKline Tried to Silence the Scientist Who Exposed the Dangers of its Drug Avandia", Union of Concerned Scientists, 12 October 2017.*

Like public interest organizations, many companies or industry trade associations lobby the government to help enact legislation favorable to their interests. Some companies, however, go so far as to undermine the way federal agencies use science to develop policy, pushing for changes that make it harder for agencies to fulfill their science-based missions, or using political connections to gain access to top-level agency officials. Such actions compromise the government's ability to protect the public.

Unfortunately, a "revolving door" between industry and government presents a huge opportunity for people with industry ties and clear financial conflicts of interest to hold key decisionmaking positions. Such officials can help develop policies that benefit a former or prospective employer, policies that may live on long after their departure."- in "The Disinformation Playbook", Union of Concerned Scientists, 18 May 2018.

Absolute Requirement of Informed Consent

"The Nuremberg Code is the most important document in the history of the ethics of medical research.

Medical Ethics and Human Rights

The judges at Nuremberg, although they realized the importance of Hippocratic ethics and the maxim primum non nocere, recognized that more was necessary to protect human research subjects.

Accordingly, the judges articulated a sophisticated set of 10 research principles centered not on the physician but on the research subject.

These principles, which we know as the Nuremberg Code, included a new, comprehensive, and absolute requirement of informed consent (principle 1), and a new right of the subject to withdraw from participation in an experiment (principle 9)." - in "Fifty Years Later: The Significance of the Nuremberg Code", New England Journal of Medicine, 13 November 1997.

"Unless we put Medical Freedom into the Constitution, the time will come when medicine will organize into an undercover dictatorship, to restrict the art of healing to one class of men, and deny equal privilege to others, will be to constitute the Bastille of Medical Science.
All such laws are un-American and despotic and have no place in a Republic. The Constitution of this Republic should make special privilege for Medical Freedom as well as Religious Freedom." *- Dr Benjamin Rush, MD*

The Greatest Danger to Your Health

"The greatest danger to your health is the doctor who practices Modern Medicine.

I believe that Modern Medicine's treatments for disease are seldom effective, and that they're often more dangerous than the diseases they're designed to treat.

You have to consider, and beware of, the doctor's self interest.

Medical politics, for example, is a cut-throat power game of the most primitive sort.

I much prefer political politics, because there you have the art of the possible, which means you have to compromise. Medical politics is the art of sheer power.

A hospital is like a war.

You should try your best to stay out of it.

There are germs in hospitals that you can't get anywhere else in town, not only because hospitals are such dirty places, but because of Modern Medicine's fetish for ritual purification.

The motto of the medical profession has always been "First Do No Harm."

As we've already seen, **that motto is respected more in the breach than anywhere else, but it serves a very useful purpose.**

The medical profession can hide a lot of atrocities under the guise of doing no harm.

The first thing to change when one cultural force overcomes another and takes over a society is language.

When you control a people's way of describing things, you control their way of dealing with them.

We have a population "explosion," which makes a lot of babies sound ominous and harmful.

We have pregnancy "planning" or pregnancy "termination" to make abortion sound clinically detached from life and death.

We say "euthanasia" instead of "mercy killing," which somehow was too accurate a description even with the nice adjective.

The most outrageous attempt to hide reality by changing vocabulary is the term "death with dignity."

Now, death is all right under any circumstances as long as it's with "dignity."

The funny thing is that in the situations in which this term is most often employed, the act of "pulling the plug" removes all possibility of dignity from the event." - Dr Robert Mendelsohn, MD, in "Confessions of a Medical Heretic", 1979.

How People are Being Killed by Medical Trade Medication

"An Anti-Anxiety Drug which is prescribed to more than 8 Million people in Britain has been linked to Thousands of Deaths in the past 5 years.

Use of the drug can lead to dependency, with some people becoming addicted to the 'euphoria' that taking it can cause.

Pregabalin (Pfizer's main patent) users told that the drug has led to:

Erratic Behaviour,
Blurred Vision,
Mood Swings,
Suicidal Thoughts.

With many now desperate to lower their dosage or come off the medication that has 'robbed them of their lives' altogether.

It has been linked to nearly 3,400 Deaths in Britain in the last 5 year alone, with the drug involved in 779 fatalities in 2022." - "Revealed: How Anti-Anxiety Drug which is currently prescribed to more than 8 Million Britons is linked to nearly 3,400 Deaths in the past 5 years", The Daily Mail, 3 March 2024.

The Totally Useless, Corrupt & Fraudulent National Institutes of Health (NIH), Centers for Disease Control (CDC), Food and Drug Administration (FDA)

American Citizens known that the several U.S. Federal Agencies are highly corrupt, the NIH, CDC, and the FDA are as corrupt & fraudulent as other Federal Agencies such as DARPA, FBI, CIA, among others, their corruption can be lethal. The level of death caused, and the ongoing attempt to foster the destruction of Peoples Freedoms, and the state in which all of these so-called "Governmental Agencies", have been recruited and are in the De Facto Payroll of certain well known individuals, who are the main shareholders, specially in JP Morgan, tVanguard, and Blackrock Investment Groups, along with other private individuals, who belong to certain "old money" families, some who are new money as well specially from the "internet era new billionaires". Thus, The Main Treat To Humanity is from those who are active in converting the planet into a prison cell. This individuals are in fact as Clowns, of the dangerous kind.

Concerning The Medical Trade

Every individual must understand that Medical Trade advise is totally different from Health Advise, for Health and Medicine are two different and totally opposite things.

As for the "Science" of Medicine this so-called "Science" is aimed, mainly and foremost, at selling Poisonous Synthetic Pharmaceutical Products, maintaining the client under Medical Trade "treatment" and prescription from cradle to grave (from birth to death), and once the nefast consequences of the actions of these Pharmaceutical Poisonous Synthetic Compounds effect a direct damage upon all organs of the body system, the Medical Trade then sells Surgeries, in order to remove the dead organ parts damaged by Medical Trade Pharmaceuticals.

2016

Revolving Door Between the FDA & Pharmaceutical Industry

"More than a quarter of the Food and Drug Administration employees who approved cancer and hematology drugs from 2001 through 2010 left the agency and now work or consult for Pharmaceutical Companies.

The researchers found that of the 26 reviewers who left the FDA during this period, 15 of them, or 57%, later worked or consulted for the Biopharmaceutical Industry." - in "A Look At How The Revolving Door Spins From FDA To Industry", NPR, 28 September 2016.

2018

For Big Pharma, The Revolving Door Keeps Spinning

"In 2009 an FDA panel weighed whether the agency should approve AstraZeneca's widely prescribed antipsychotic drug quetiapine (Seroquel) for a wider range of conditions.

The panel heard from health policy expert Wayne Ray, who described his research linking the drug to Sudden Cardiac Death when used with certain other medications.

The FDA then-Director of Psychiatric Products Thomas Laughren, who was instrumental in shepherding Seroquel and similar drugs through the review process and personally signed their FDA approvals, also challenged Ray's results and defended AstraZeneca's clinical trial findings in the discussion that followed.

The company's "analysis should have been able to pick up a difference in sudden cardiac death, and they didn't find any difference between drug and placebo", he said.

Wayne Ray told Laughren and the panel that AstraZeneca had pooled data from all its trials as though the data were

one data set, causing a well-known statistical error called Simpson's paradox.

To take the company's conclusion "as definitive" would be "very dangerous", Ray said.

Ultimately, the committee voted overwhelmingly to advise approval of the drug for new indications and made no recommendation on labeling it to warn about Sudden Cardiac Death." - in "FDA's Revolving Door: Companies often hire agency staffers who managed their successful drug reviews, Job changes raise conflict of interest questions", Science, 5 July 2018.

2021

Government Agencies & Pharmaceutical Industry

"Big Pharma also exploits lax regulatory policy downstream of actual drug production, in the form of those much-parodied drug ads Americans see on late-night TV.

The United States is one of only 2 countries (the other New Zealand), that allows direct-to-consumer Pharmaceutical advertising (DTCPA), with product claims.

DTCPA refers to pharmaceutical companies promoting their prescription products to patients directly, usually through popular media.

The Federal Trade Commission (FTC), regulates ads for over-the-counter (non-prescription) drugs, while the Food and Drug Administration (FDA), oversees ads for prescription drugs.

Since the FDA relaxed rules for DTC broadcast advertising in 1997, there has been a surge in DTCPA.

Between 1997 and 2016, spending on DTCPA rose from $2.1 Billion to $9.6 Billion.

A study published in 2018 found a decrease in the number of ads that provide information about the condition being targeted, and the risk factors of a given drug, while positive emotional appeal continues to be emphasized.

In short, **Big Pharma is willing to use misleading tactics to sell their products, even if it misinforms patients.**

DTCPA could also lead to patients diagnosing themselves or self-medicating with insufficient information, increase costs for patients as ads tend to feature expensive brand-name drugs instead of cheaper generic alternatives, strain patients' relationships with their health care providers, exaggerate the drug's benefits, and advertise new drugs before their safety profiles are fully known.

In light of the FDA's lax and poorly enforced regulations, the negative impacts of DTCPA are particularly alarming.

Big Pharma also hires sales representatives to convince physicians to prescribe specific products.

Specific sales tactics include all-expenses-paid vacations thinly disguised as professional conferences, gifting branded office supplies, paying for meals, and cash payments for speaking engagements.

This could even jeopardize patients' health.

Countries like Australia acknowledge the harmful effects of pharmaceutical representatives and banned pharmaceutical companies from providing lavish hospitality, personal gifts, or entertainment to physicians.

Not only does Big Pharma influence physicians, the industry also has a powerful hold on Congress.

PhRMA, the industry's largest lobby group, has spent over $428 Million lobbying public officials since 1998.

The industry's desire to influence government policy is not limited to the legislative branch.

Between 1998 and 2021, lobbyists for Big Pharma at large spent $4.7 Billion lobbying politicians, more than any other sector.

Without change, Big Pharma will continue to abuse the intellectual property system, circumvent antitrust laws, and influence physicians, politicians and government agencies to undermine competition, and even shift medical consensus in favour of overprescription of their particular drugs, no matter the human cost.

Antitrust

Over the past 10 years, Pharmaceutical Companies have rarely faced pushback from the Federal Trade Commission for merging with and acquiring rivals, further consolidating the industry." - in "The Industry Agenda: Big Pharma", Revolving Door Project, 22 July 2021.

2022

FDA & Pharmaceutical Industry

"Before being appointed Commissioner of the Food and Drug Administration (FDA) in May 2017, Scott Gottlieb was entangled in an unprecedented web of close ties to Big Pharma.

And less than 3 months after his 5 April 2019, departure from the FDA, Gottlieb firmly re-established his financial links to the Pharmaceutical Industry when Pfizer; one of the world's largest drug companies with more than $53 Billion in revenue in 2018, on June 27 announced his appointment to the company's Board of Directors.

A seat on the Pfizer Board is quite lucrative, having paid more than $330,000 in cash and company stock in 2018.

From 2007 to 2017, he had been a venture partner at New Enterprise Associates, which proclaims to be "one of the world's largest and most active venture capital firms", with investments in biopharmaceuticals and medical devices.

At the time of his 2017 nomination, Gottlieb also was serving or had recently served on several drug company boards, including the Product Investment Board of GlaxoSmithKline.

According to a federal database that tracks industry payments to physicians, from August 2013 through December 2016, Gottlieb received a total of $559,000 from multiple drug and medical device companies, including AstraZeneca, Pfizer and Bristol-Myers Squibb.

The cloud of justifiable public distrust created by Gottlieb's rapid appointment to Pfizer's Board of Directors

was reflected in a 3 July 2019 story in the Milwaukee Journal Sentinel (MJS), that reported that the FDA under Gottlieb, just weeks before his resignation as FDA Commissioner, took less aggressive regulatory actions than European regulators in response to safety concerns about Pfizer's drug tofacitinib (Xeljanz)." - in "Outrage of the Month: Revolving Door to FDA Commissioner's Office Sows Distrust in Agency", Public Citizen, October 2019.

> ***"The Pharmaceutical and medical-device industries' primary interest is to maximize profits from selling drugs and devices, which can conflict with what should be the FDA's primary interest: protecting public health."*** *- in "Outrage of the Month: Congress Reauthorizes FDA-Corrupting User Fees for Five More Years", Public Citizen, December 2022.*

2023

FDA Regulators in the Biopharmaceutical & Biotechnology Industries

"Exit from government to private-sector employment via the "revolving door" is a frequent occurrence at administrative agencies like FDA.

Controversy over the FDA's approval of the Alzheimer's therapy Aduhelm (aducanumab), and Duchenne muscular dystrophy therapy Exondys 51 (eteplirsen), called into question the impartiality and independence of high-level FDA regulators.

An investigation by the peer-reviewed journal Science, of 16 FDA Medical Examiners who later left the agency found that 11 took post-government employment with the companies that they had formerly regulated.

Jeffrey Siegel an FDA regulator who oversaw review of the New Drug Application ("NDA") for Genentech's

Actemra (tocilizumab), while at the FDA, later joined Genentech as Global Head of Rheumatology and Rare Diseases.

Former FDA Commissioner Scott Gottlieb joined the Board of Directors of Pfizer within 4 months of announcing his resignation as FDA commissioner in early March of 2019.

FDA Commissioner, Stephen Hahn, accepted executive positions in a biotech-focused venture capital firm, Flagship Pioneering, and a device company, YourBioHealth, after leaving his post at the FDA.

Flagship Pioneering happened to have founded Moderna, maker of a Covid-19 Vaccine that received an Emergency Use Authorization ("EUA") during Hahn's tenure and that yielded Moderna Billions of Dollars in sales revenue.

More than 18,000 full-time civilian employees of the FDA, a post-agency job in a private-sector company of the kind the FDA regulates might be the most readily attainable and most logical career move." - in "FDA's Revolving Door: Reckoning and Reform", Stanford University, 28 February 2023.

The Revolving Door of Government Agencies & Pharmaceutical Industry

"Of people appointed to the Department of Health and Human Services between 2004 and 2020, 15% had been employed in Private Industry immediately before their appointment.

At the end of their tenure, 32% exited to Industry.

The greatest net exits to Industry were from the Centers for Disease Control and Prevention and the Centers (CDC).

We examined the revolving door (inflows from and exits to industry) of government appointees to HHS between 2004 and 2020. We found that 15% of appointees had been employed in private industry immediately before their appointment. At end of their tenure, 32% of appointees exited to Industry.

HHS offices with the highest rates of net exits to industry (that is, exits minus entries) included the Centers for Disease Control and Prevention (CDC), the Office of the Deputy Secretary, the Centers for Medicare and Medicaid Services (CMS), and the Food and Drug Administration (FDA).

At the CDC, although only 8% of appointees came from industry, 54% exited to Industry positions, resulting in a net exit rate of 46%.

More than half of the appointees at the CDC, CMS, and the Office of the Deputy Secretary exited to Industry employment." - in "The Revolving Door In Health Care Regulation", Health Affairs, September 2023.

The Cosy Relationship: FDA, CDC & Pharma

"The physician-scientist Doran Fink worked his way up at the Food and Drug Administration (FDA), with a focus on the regulation of Vaccines.

Starting as a clinical reviewer in 2010, he was promoted to lead medical officer in the FDA's Office of Vaccines Research and Review, overseeing a small team of medical officers responsible for infectious diseases and related biological products.

During the Covid-19 pandemic, Doran Fink took on a public role, appearing in numerous FDA and Centers for Disease Control (CDC) and Prevention advisory committee meetings to discuss Covid Vaccines.

He finished his role at the FDA in December 2022.

Two months later he was working at Moderna.

Jaya Goswami started at the FDA in its Center for Biologics Evaluation and Research in March 2020, as a "broad oversight over Vaccines and biologics clinical development" and was responsible for evaluating whether the clinical data for Moderna's Vovid Vaccine met regulatory standards for approval; licensure was granted at the end of January 2022.

She left the FDA in June 2022, and that same month started a new role as Director of Clinical Development in Infectious Diseases at Moderna.

At Moderna, Goswami has been involved in the company's efforts to bring to market an mRNA vaccine against respiratory syncytial virus (mRNA-1345)." - in "The FDA and Moderna's Cosy Relationship: How lax rules enable a Revolving Door Culture", BMJ, November 2023.

Voting Himself Rich: Vaccine Advisers

"Dr Paul Offit of the Children's Hospital of Philadelphia (CHOP) took home a fortune of at least $29 Million as part of a $182 Million sale by CHOP of its worldwide royalty interest in the Merck Rotateq Vaccine to Royalty Pharma in April 2008.

The amount of income distributed to Offit could be as high as $46 Million.

There is nothing improper about receiving compensation for a patented innovation; but the extraordinary valuation placed on CHOP's patents raises concerns over Offit's use of his former position on the CDC's Advisory Committee on Immunization Practices to help create the market for rotavirus Vaccine - to effectively vote himself rich.

Based on the income distribution guidelines set forth in CHOP's current administrative policy manual www.rescuepost.com/files/chop-contract.pdf "Patent and Intellectual Property Policy," Offit's share of this transaction - the "inventor's share of net income" - would have earned him a personal distribution of 30%.

In a Moody's report dated June 2008, CHOP reported net proceeds from the Rotateq transaction of $153 Million, a deal basis that would put the value of Offit's 30% share at $45.9 Million.

Royalty Pharma paid $182 Million for the Rotateq royalty stream, but CHOP reported proceeds of only $153 Million.

If CHOP applied an inventor share of 30% to a transaction

value of $153 Million they would have then been required to distribute $45.9 Million to Offit.

CHOP's 30% policy for inventor share is consistent with the current practices of other children's hospitals.

For example, the $29 Million difference between the payment made by Royalty Pharma and the proceeds received by CHOP comprises 15.9% of the Royalty Pharma payment (15% is the lowest inventor share percentage), and could reflect the distribution to Offit,

Offit's personal share of CHOP's royalty transaction could range from as little as $29 Million to as much as $55 Million.

While refusing to disclose his personal profit from this transaction, Offit told Newsweek reporter Claudia Kalb last year that he got a "small percentage" of the payment and confessed that "it's like winning the lottery."

The $29 Million - $55 million range is consistent not only with CHOP's published royalty arrangements but with typical medical patent standards:

Boston Children's Hospital, inventors get 25% of "net lifetime revenues" for all income over $500,000. For royalty amounts smaller than $500,000 inventors receive 45-100% of revenues.

Arkansas Children's Hospital, inventors get 35% of "net royalties" after the first $200K and 50% before that.

University of Virginia, inventors get 15% of "total royalty income" over $1 Million and a sliding scale of 25-50%for amounts smaller than that.

University of California, inventors get 35% of "net royalties." - in "Voting Himself Rich: CDC Vaccine Adviser Made $29 Million Or More After Using Role to Create Market", Age of Autism, 16 February 2009.

19 January 2024 Prime Minister of Slovakia, Address to the Slovak National Assembly

"Have you seen the statistics on how our Deaths from Various Cardiovascular Events Have Risen Because of Vaccinations?

But you reject it, of course you reject it, you will claim that Vaccination was the best thing in the world.

How much money has been wasted?

What do you know about purchasing Medical Equipment and Tests?

You are aware, that we have demonstrated very clearly: T**he Connection of a Company in Trnava, to the Chairman of one of the opposition Political Parties.**

The Millions in Purchases, Completely Useless.

We have 21,000 Deaths, which we link to the fact that the governments that have been here since 2020, have looked only at the **Unnecessary Medical Devices, and Vaccines in huge quantities.**

I do not even want to talk about the European level anymore.

I said to the President of the European Commission also openly, that those suspicions that are linked to her and to the largest purchase in the history of the European Commission of Vaccines, when she exchanged Secret Text Messages with the CEO of Pfizer.

And when a report was written and issued to the ridicule of members of the European Parliament, which was all blacked out, and we will simply never know the truth of what role the Pharmaceutical Companies played and who actually organized this whole Circus around Covid.

Under these conditions the Government of Slovak Republic has decided to include a commitment in the Government's Programme Statement to deal with this issue.

The Slovak public simply needs an answer:

1. What the Vaccine Actually Was?
2. Why were the People Vaccinated, with various Experimental Vaccines, without any Tests?
3. Why did all sorts of Medical Trade Drugs were pushed into people?
4. Why was there statewide Testing?
5. Who was buying?
6. Why were they buying?
7. What quantities were being bought?
8. How much it cost?

And all ended with Billions!

Under these conditions, we have decided to create the Office of the Government Plenipotentiary to deal with these issues.

We not only appointed the Plenipotentiary today, but we have also empowered him in terms of obtaining information from various Institutions, in particular we will obtain information from the Chief Hygienist.

We will ask questions to the National Health Information Centre.

We still want to know what has actually happened.

I think that Dr Kotlár, member of the National Assembly, is sufficiently equipped in terms of information, and I see that he is also prepared to assemble a team.

I have asked him that before we make any public statements we first go through everything with the government, and I am absolutely convinced that this work will lead to results that we will publish.

And we will tell the Slovak public what on Earth actually happened during Covid.

We know one thing today: the previous governments have **21,000 Dead People on their hands, and have made, apparently, a Huge Amount of Money on Unnecessary Purchase of Various Medical Devices and Vaccines."** - Robert Fico, Prime Minister of Slovakia, Address to the Slovak National Assembly, 19 January 2024.

Message from Japan to Geneva
日本からジュネーブへのメッセージ 日

"The pandemic was used as a False pretext by the World Health Organization (WHO) to drive Vaccinations in the world.

A plan was set up to shorten the time to develop Vaccines, which usually takes longer than 10 years to less than 1 year.

This operation was used to cover up the misconceptions of the Genetic Vaccines. Under the pretext of saving time, an extremely dangerous method was selected.

That is, intramuscular injection of viral genes to produce toxic spike proteins directly in human tissues.

Because this is a completely new method, and misconceived method that has never applied before in human history, it is impossible, therefore, for most doctors to give proper informed consent.

However, due to irresponsible government, and media campaigns to promote Vaccines, 80% of the Japanese have been Vaccinated.

Unfortunately, 7 shots have been done so far.

The result was the induction of the terrible Drug Induced Injury that has never seen in human history.

I believe that the fraudulent use of experimental gene therapy to healthy people, particularly to healthy children, is an extreme violation of human rights.

Without learning from the current situation of injured patients, they plan to construct a new Vaccine production system in preparation for the next pandemic.

This is an unbelievable crazy situation.

The Japanese government was first in the world to approve a new type of Vaccine called self replicon Vaccine, and plans to start to supply it in this fall and winter.

The Ministry of Economy, Trade and Industry is providing a huge amount of subsidies for this project.

And Factories to produce new Vaccines are being built one after another in Japan.

I have visited these factories.

Furthermore, the Japanese government is currently soliciting large scale clinical trials worth $900 Million from Pharmaceutical Companies that are taking on the challenge of developing Vaccines to prepare for the next pandemic by Disease X proposed during the Davos (WEF) conference this year.

It is speculated that the movement by the Japanese government is part of CEPI Coalition for Epidemic Preparedness Innovation's 100 days mission, which aims to shorten the time to 1/3 of Operation Warp Speed.

To shorten the Vaccine business cycle by developing a Vaccine in 100 of days.

This is possible only by ignoring the human rights perspective. Amendments to the WHO, International Health Regulation (IHR), and the Pandemic Treaty, which are about to be adopted at the 77th World Health assembly this year, are attempting to give rationality and legal binding force to such unscientific, dangerous and crazy plans.

If such things continue, there is high risk that Japan made Vaccines will be exported under the guise for false trust.

If Japan were to become a Vaccine perpetrator, it would leave irreparable harm to future generations. Although it has already been 3 years since I started to give lectures to educate Japanese people about the dangers of Vaccines.

If we tell the truth about Vaccines, it is deleted. The reality is that we face censorship and speech suppression."
- Dr Masayasu Inoue, MD, Molecular Pathology and Medicine, Professor Emeritus, Osaka City University Medical School, Japan, in "Message from Japan to Geneva", 9 April 2024.

16 April 2024

The Committee Concluded that Evidence Establishes a Causal Relationship Between Both Pfizer/BioNTech & Moderna Covid-19 Vaccines And Myocarditis

"Categories of Causation

1. Evidence Establishes a Causal Relationship — The totality of the evidence suggests that Vaccination Can Cause this Harm. Further research is unlikely to lead to a different conclusion.
2. Evidence Favours Acceptance of a Causal Relationship — The totality of the evidence suggests that Vaccination might Cause this Harm.

Conclusions Related to
Pfizer/BioNTech (BNT162b2)
And
Moderna (mRNA-1273)

The committee concluded that evidence establishes a causal relationship between both BNT162b2 (Pfizer/BioNTech) and mRNA-1273 (Moderna) and Myocarditis.

Conclusions Related to Janssen (Ad26.COV2.S)

The committee concluded that sufficient evidence exists to favour acceptance of a causal relationship between Ad26.COV2.S (Janssen) and
1. Guillain-Barré Syndrome.
2. Thrombosis with Thrombocytopenia Syndrome.
The committee concluded that the evidence establishes a causal relationship between Vaccination and:

1. Subacromial/subdeltoid bursitis caused by direct injection into the bursa,

2. Acute rotator cuff or acute biceps tendinopathy caused by direct injection into or adjacent to a tendon,

3. Bone injury caused by direct injection into or adjacent to the bone, and

4. Axillary or radial nerve injury caused by direct injection into or adjacent to the nerve." - in "Evidence Review of the Adverse Effects of COVID-19 Vaccination and Intramuscular Vaccine Administration", National Academies, 16 April 2024.

28 April 2024

Vaccines Cause Serious Injury & Death

"Pharmaceutical AstraZeneca admits its Covid Vaccine can cause rare Side Effect in court documents, is being sued in class action over claims its Vaccine caused Death and Serious Injury.

Thrombosis with Thrombocytopenia Syndrome – causes people to have blood clots and a low blood platelet count.

J. S. was fit and healthy before the jab, but it nearly killed him.

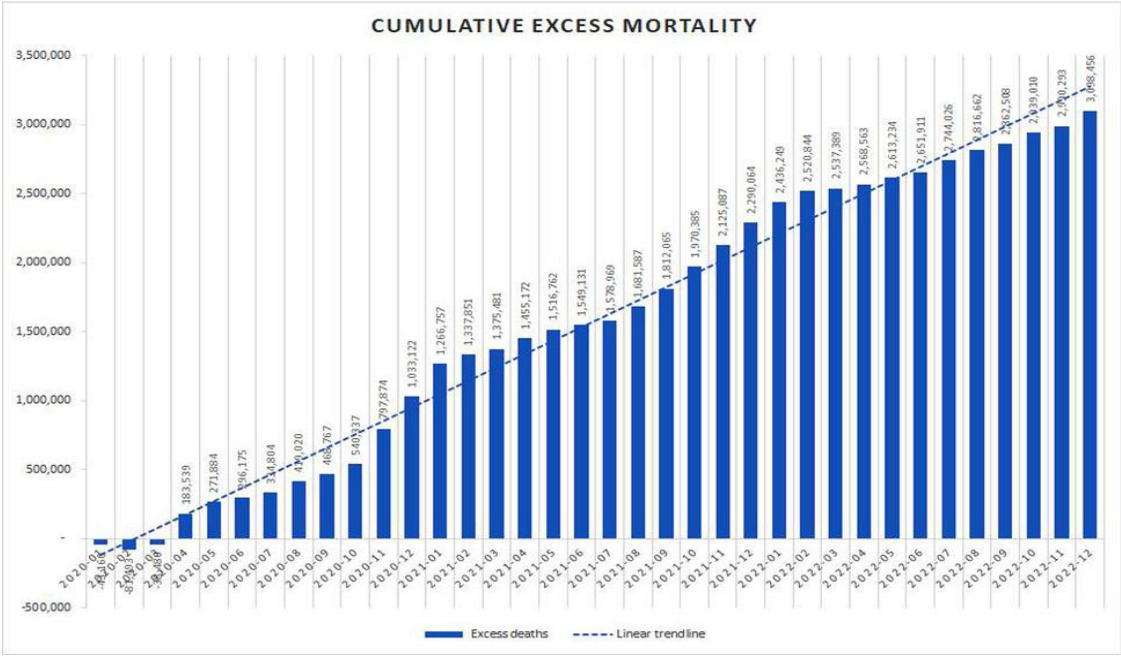
Scientists first identified a link between the Vaccine and a New Illness: Vaccine-induced Immune Thrombocytopenia and Thrombosis, in March 2021, shortly after Covid-19 Vaccine rollout began.

The Medicines and Healthcare products Regulatory Agency show 81 Deaths in the UK are suspected to have been linked to the adverse reaction.

In total, almost 1 in 5 people who suffered from the condition Died as a result." - in "The Telegraph", 28 April 2024.

"Alarm over rise in Blood Clot Deaths as charity calls on NHS to publish data. Thrombosis UK has warned that deaths involving blood clots are higher than expected. In March 2020, the NHS in England took the decision to suspend the data collection on Venous Thromboembolism (also known as VTE)."
- in "Independent", 12 May 2023.

3 June 2024
Excess Mortality Across Countries in the Western World since the Covid-19 Pandemic



"Excess mortality and cumulative excess mortality in the Western World (n=47 countries). Preliminary and incomplete all-cause mortality reports are available for 2022." - in "Excess mortality across countries in the Western World since the COVID-19 pandemic: 'Our World in Data' estimates of January 2020 to December 2022", Public Health, BMJ, 3 June 2024.

Post Vaccine Mortality

"I discovered there was no spreading because the spikes were synchronized, and I just checked with downloading every data's.

I just checked if Vaccine spikes were synchronized with mortality spikes, and I discovered that it was too often the case. Allot of countries in Europe, and in a lot of ages, what we see is that Spikes of Mortality are synchronized with Spikes of Vaccination.

So it's a trace, it's a real proof, because we you can't have two cases. Maybe, we give a Vaccine to dead people.

But I think it's not the case, **the other possibility is that we Vaccinate and People Die, Just After, which is More Realistic. We got a proof here that Vaccines killed people**, and we have to remember that death is the worst thing that happened. **For one dead person [from Vaccination], we got a lot of sick people [from the Vaccination].**

It represents a lot of sick people.

I can show you that; because we got Pharmacovigilance, that shows that Vaccinated people, declared that they Became Sick After Vaccination.

We can't be sure about causality, between the medication and the sickness.

But when **we have a statistical proof, that there are Mortality Spike, Synchronize with Vaccination Spikes,** we got to prove that it's a cause.

In the National Institute in France, they published a lot of papers saying that there was a "Big Pandemic, with allot of people dying, all the time, and that Vaccines were safe and effective, and that it works perfectly."

They have no data to state that.

So, **they asked for Statisticians from other Institutes, especially the Institute of the Ministry of Health to write things in their publications, so they could be completely in mainstream.**

My data was the official data. **If a statisticians just don't want to check the data before having a Vaccine, it's normal that people don't do that too.**

Statisticians don't do that, they prefer to follow the crowd.

> ***"Comparing Post-Injection with Pre-Injection Excess Deaths.*** *In order to check if there are differences between excess deaths pre and post-injection campaigns, we have compared the zscores of excess deaths during 11 periods of 4 weeks after 5% of the targeted population had received at least one shot (i.e. a starting date in 2021 that differs for each age group and each country), with the zscores of the same periods but the year before (i.e. mainly in 2020). Those 11 periods corresponds to the maximal consecutive number of periods available in our dataset for all the age groups/countries (i.e. given by the age group/country vaccinated the latest). Also it is worth noting that comparing to the year before makes sense since Covid-19 waves were already striking and mobility restrictive measures were already implemented. As a result,* ***Vaccination is likely one of the major discriminating variables between the two investigated periods. Indeed in the 15-44 age group, we have shown in this paper Statistically Significant Concordance Between High Excess Deaths and Maximal Injection Rate Periods, as well as Abnormally High Excess Deaths in the Following 10 months (i.e. 11 periods of 4 weeks when compared to the same period of the previous year)."*** *- Pierre Chaillot, National Institute of Statistics and Economics Studies (INSEE), France, in "****All-cause Mortality During Covid-19 Vaccinations in European Active Populations****", ICCBB'23: Proceedings of the 2023 7th International Conference on Computational Biology and Bioinformatics, December 2023.*

So, is important to continue to discuss and ask questions." - Pierre Chaillot, Statistician, National Institute of Statistics and Economics Studies, (INSEE), France, Author of "Covid-19: Decoding Official Data: Mortality, Tests, Vaccines, Hospitals", in "I'm Coming Out 'No Virus'", 21 June 2024.

Vaccinations Had No Beneficial Effects, The More Vaccinations Were Administered, The Greater The Increase In Excess Mortality

"The fact that the size of the negative correlation between Vaccination rate and excess mortality and the reported number of COVID-19 deaths did not increase in size from the first to the second pandemic year rather suggests that **the Vaccinations had no beneficial effect.**

If the Vaccinations were effective, the federal states with the highest Vaccination rates would have benefited the most, which means that the correlations between Vaccinations and mortality observed in the first year of the pandemic should have been even more negative in the second year of the pandemic, which is not the case.

The most obvious expectation of an effective Vaccination would be that the increase in excess mortality would be lowest in the Federal States in which the most Vaccinations were administered.

However, the opposite is the case.

The fact that particularly high excess mortality occurs both in regions and in time windows in which many Vaccinations took place provide strong correlational evidence that the Vaccinations may have had a negative effect instead of a positive effect.

Contrary to what would be expected with an effective Vaccination, positive instead of negative correlations were observed: the more Vaccinations were administered in a Federal State, the greater the increase in Excess Mortality."
- Professor Christof Kuhbandner, Institut fur Experimentelle Psychologie, Universitat Regensburg; Professor Matthias Reitzner, Institut fur Mathematik, Universitat Osnabruck, Germany, in "Differential Increases in Excess Mortality in the German Federal States During the COVID-19 Pandemic", February 2024.

Tucker Carlson Explains Why He Didn't Take The Vaccine

"I was not against **Vaccines.**

I hadn't really thought about them.

I thought they were, I guess, "Miracles of Science", that's what I was told.

I don't even know what I think of Vaccines now, but I'm sceptical.

But with the Covid Vax, I all I knew, I didn't know anything about mRNA technology of course.

I still am not an expert on that, but **I know a lot about Human Deception, because that's been my job, my whole life.**

And also, I try to pay attention to whether something is true or false.

And the behaviour of the people selling me that [Vaccines], was so transparently dishonest, I didn't know that the Vax wouldn't work, which it didn't, of course.

I didn't know that it would Cause Harm, which it did.

But I did know that the people selling it [Vaccines], were Liars, like I knew that instantly, and I know some of them.

But I could just tell by their behaviour they're lying, and I was like, I don't know what this is.

No one in my family's getting this [Vaccine], we're not doing this, and I'm not doing this period! Period!

Like; I figured that out the first day.

I felt it so strongly, and I just obeyed, and I think that works." - Tucker Carlson, American Journalist, Commentator, in "Shawn Ryan Show, 115", 3 June 2024.

All About Setting Scene For Product Positioning Vaccines

"Lockdowns, Masks, Perspex screens, and Media hectoring were all about setting the scene for and product positioning the Vaccines. To suggest otherwise is patently ridiculous." *- Bob Moran, UK Newspapers Cartoonist, in "The New Era", 1 July 2024*

The Greatest Medical Scandal In living Memory

"We are witnesses to the greatest medical scandal in this country in living memory, and possibly ever: the Excess Deaths in 2022 & 2023.

Its causes are complex, but the novel and untested medical treatment described as a Covid Vaccine is a large part of the problem.

I have been called an anti-vaxxer, as if I have rejected those Vaccines based on some ideology.

I want to state clearly and unequivocally that I have not: in fact, I am double Vaccinated, and Vaccine-Harmed.

Intelligent people must be able to tell when people are neither pro-Vax nor anti-Vax, but are against a product that does not work and causes enormous harm to a percentage of the people who take it.

One does not need any science training at all to be horrified by officials deliberately hiding key data in this scandal.

The Office for National Statistics (ONS) used to release weekly data on Deaths per 100,000 in Vaccinated and Unvaccinated populations — it no longer does so.

That would allow meaningful analysis of deaths after Vaccination, and settle once and for all the issue of whether those Experimental Treatments are Responsible for the Increase in Excess Deaths.

Far more extensive and detailed data has already been released to the Pharma Companies from publicly funded bodies.

Jenny Harries, head of the UK Health Security Agency, said that this anonymised, aggregate death by Vaccination status data is "commercially sensitive" and should not be published.

The public are being denied that data.

In March 2020, the Government conducted a consultation exercise on whether people over a certain age or with certain disabilities should have "Do Not Resuscitate" orders, known as DNRs, imposed upon them.

A document summarising the proposals was circulated to Doctors and Hospitals; it was mistakenly treated as formal policy by a number of care homes and GPs up and down the country, who enacted it.

At the same time, multiple hospitals introduced a policy that they would not admit patients with DNRs, because they thought that they would be overwhelmed.

The result was that people died who did not need to Die; while Nurses performed TikTok Dances." - Andrew Bridgen, Member of Parliament, in "Covid-19: Response and Excess Deaths", UK Parliament, 18 April 2024.

The Myth that the Pharmaceutical Industry Is In the Business of Health & Healing

"My name is Gwen Olsen, and I am the Author of "Confessions of a RX Drug Pusher", I'm a 15-year Veteran of the Pharmaceutical Industry, and I left in the year 2000.

I would like to dispel the myth that the Pharmaceutical Industry is in the Business of Health & Healing, because in fact what **the Pharmaceutical Industry is in the business of doing is: Disease Maintenance & Symptoms Management.**

They are not in the business to cure cancer, to cure Alzheimer's, to cure heart disease.

Because if they were they would be in the business of putting themselves out of business, and that in fact doesn't make sense.

What I'm saying is provable is that the Pharmaceutical Industry doesn't want to cure people.

You need to understand specifically when we're talking about psychiatric drugs in particular, that these are drugs that encourage people to remain customers of the Pharmaceutical Industry.

In fact, **you will be told if you're given a drug such as an anxiolytic, or an anti-depressant, or an antipsychotic drug, that you may be on the drug for the rest of your life.**

And very frequently, people find that they are on the drugs for a very long period of time, if not permanently.

Because they're almost impossible to get off of, some of them can have very serious withdrawal symptoms, most of them can have extremely serious withdrawal symptoms if they're stopped cold turkey.

But some people even experience withdrawal symptoms when they try to eliminate the drug, little by little, day after day. So it's really important to understand the motivation behind all of the current maintenance drugs, that are on the market.

Even for example drugs such as cholesterol lowering drugs, and what we are in fact finding now, is that cholesterol drugs are lowering cholesterol excessively, and causing other disease states as a consequence.

So you need to be careful about trying to take drugs, in order to remain healthy, because you're never going to have anyone come to you and tell you that the drugs are always tried against a placebo in clinical trials.

What a placebo is a sugar pill, and in fact many drugs are not found to be much more efficacious than the sugar pill, and a case in point actually is the recent clinical trials that were released in the meta-analysis that came out of the UK on anti-depressants on the newer Selective Serotonin Reuptake Inhibitor (SSRI), anti-depressants, and what was found was the information that activists, and other researchers have known for decades, was that anti-

depressants are no more effective than Placebo, no more effective than sugar pills.

But yet, there are over 44 Million people that have been taking these anti-depressants.

A large number of the people that have mild to moderate depressive episodes, in fact they prove that the anti-depressants were not effective in anyone, with the exception of some of the most severely depressed patients.

And I can tell you from personal experience that there are a number of things that depressed patients can do to improve their mental status aside from drugs, that are quite effective, and in fact more effective than Placebo.

Another recent study that was released showed that exercise was in fact more effective than either Placebo, or the anti-depressant drug that they were compared to.

But just like Bill Maher said in his show, you know, we're never going to hear any ads on television that are sponsored by anybody saying:

> ***"The New England Journal just announced that exercise is twice as effective as anti-depressants in curing depression, ask your doctor if getting your butt off the couch is right for you".***

You're never going to get that kind of good information, fair balanced information as long as Pharma is funding the major TV stations. The advertising that supports those television stations, the major journals, and all of the advertising that supports the major journals you just have to be commonsensical people, and understand that the Pharmaceutical Industry makes 5 to 6 times the amount of money as any of the other Fortune 500 Companies in the United States of America. They are not going to easily, or readily give up that income, and we are in fact considered a human commodity, our loved ones, our children, our elderly are considered cash cows, that are prayed up on by Pharmaceutical Representatives, such as myself who are encouraged to go in and build Market Share, without

thinking about the consequences to patients, without knowing the misinformation that they are distributing, without being aware that the clinical data has been contrived, or that the patient populations have been cherry-picked, or that the Side Effects have been minimized, and reported in such a manner that it doesn't present the information correctly. I spent 15 years in this industry, and I was one of the best, but I'm here to tell you that the industry has run a muck, that we are at a Severe Crossroads in this nation. **We have got to take our power back, and we have got to start making the Pharmaceutical Industry accountable for their actions, and for the defective products that they're putting on the market.**

It won't be long before every American is affected by this disaster, and we need to be aware of what the differences are between diseases, between disorders, and between syndromes. Because if it doesn't have to be scientifically proven, if there are no tests, if there are no blood tests, CAT scans, urine tests MRIs, if there is nothing to document that you have a disease. Then you in fact do not have a disease, you have a disorder, and it has been given, and has been diagnosed pretentiously, **and you need to get yourself educated and understand that there are options, and those options are much more effective than drugs.**

You need to look into the nutritional aspects of your diet, and your lifestyle aspects, are you exercising, are you taking care of yourself, in the ways that you need to be proactive about your health, because once you start down the road of taking one Prescription Drug, on top of the other, you will be a lifelong customer for the Pharmaceutical Industry.

And your choices will be truncated, so I would like to ask you to please self-educate, be proactive and share the information with others, the next victim could be someone that you love." - Gwen Olsen, former Pharmaceutical Sales Representative, for Johnson & Johnson, Bristol-Myers Squibb, Abbott Laboratories, in "Pharma Not in Business of Health, Healing, Cures, Wellness", Gwen Addresses The Public, 7 March 2008.

In Bed With Big Pharma II

""No comment" that's what the spokesman for a leading academic and member of a Food and Drug Administration (FDA) panel said when asked whether the member's ties to Bayer, the drug giant, had "affected her judgment in any way regarding her vote on 8 December 2011."

The 8 December 2011 vote was to record the views of FDA medical experts on whether the advantages of 2 best-selling Bayer contraceptive pills and related drugs outweighed the risks of taking them.

A "no" vote would have damaged sales and made likely their withdrawal from the U.S. market, where they had become 2 of America's best-selling oral contraceptives.

Two other panel members, including the chair, had prior ties to Bayer which they denied had any influence on their vote. A 4th, with ties to a generic manufacturer of the drug under scrutiny, told POGO they too had no bias.

The FDA panel examined studies of the contraceptive and their key ingredient, the synthetic hormone drospirenone, or DRSP, 3 Bayer-funded studies had come to the conclusion that the risks were no higher for the pills, known as Yaz and Yasmin, than for other contraceptives. But 7 separate studies, not funded by Bayer, had come to the opposite conclusion.

Some of these studies rated the risk of Yaz and Yasmin roughly double that of non-DRSP alternatives. Even more troubling: the FDA panel did not consider an internal Bayer document that was recently introduced as evidence in a federal court proceeding against the company.

That document, dating from 2004, features Bayer's own experts describing its Yasmin contraceptive as having a reported rate of serious "adverse events" that was "10 fold higher" than other contraceptives.

The "Adverse Events" typically involved Blood Clots, which could become Life-Threatening if they moved to the lungs or heart." - in "In Bed with Big Pharma? Industry Liaisons Raise Questions at the FDA", Project On Government Oversight, 12 January 2012.

Scientists Collected $710 Million In Royalties During The "Pandemic"

OpenTheBooks had to sue to find out how much money was going to the National Institutes of Health (NIH) from 2021 to 2023. The lawsuit turned up records of payments totalling $710 Million from Private Pharmaceutical Companies going to the NIH.

"New data from the National Institutes of Health (NIH), reveal the Agency and its Scientists collected $710 Million in royalties during the pandemic, from late 2021 through 2023.

These are payments made by Private Companies, like Pharmaceuticals, to license medical innovations from Government Scientists.

Almost all that cash — $690 Million — went to the National Institute of Allergy and Infectious Diseases (NIAID), the Sub-Agency led by Dr Anthony Fauci, MD and 260 of its Scientists." - in "NIH scientists made $710M in royalties from drug makers — a fact they tried to hide", New York Post, 2 June 2024.

"Government contractors should not be given title to inventions developed at government expense. These inventions are paid for by the public and therefore should be available for any citizen to use or not as he sees fit." *- Navy Adm. Hyman G. Rickover, before "Senate subcommittee on the Constitution", 6 June 1979.*

The Need To Repeal The Bayh-Dole Act of 1980

"Micki Willis - **We kind of rebranded the "Pandemic", and we were first to release a Major Warning to the world.**

People always ask me how did you see what was coming so early?

"Plandemic: The Hidden Agenda Behind Covid-19", was released on 4 May 2020.

It took 2 months to create it.

So if you backdate that you realize how soon we started on it. And the reason is this: I had a Brother that was killed by prescribed Zidovudine (ZDV), by Dr Anthony Fauci, MD in the 80s and 90s.

And the woman who was doing the brave reporting on that, in the "Rolling Stone", and beyond back back in the 80s and 90s, recently told me that the numbers are in the hundreds of thousands of innocent people mostly men that were killed by AZT, which was the miracle cure.

And while all these other medicines were kept from the people, just like Remdesivir and Hydroxychloroquine story, same thing happened in the 80s and 90s.

So, when I saw Dr Anthony Fauci, MD resurface in 2020, at the helm of this response to this "Global Pandemic", I couldn't believe it, first of all.

I thought this; I knew what he had done, my Brother was gay, and his community knew what he had done.

Jimmy Dore - There's a Movie called "The Dallas Buyers Club", which starred Matthew McConaughey, he won the Academy Award for it, and I try to tell people over and over, the bad guy in that movie was Dr Anthony Fauci, MD, because he's doing the same thing back then, he was suppressing early treatments, pushing drugs that they could make big profit of, and he was keeping treatment away from people who desperately needed it especially experimental treatments. And that's why the "Dallas Buyers Club" had to happen, and people forget who the bad guy was in that movie, and nobody in the

media would bring that up including Matthew McConaughey during Covid. So tell me about when you saw Dr Anthony Fauci, MD re-emerge in 2020.

Micki Willis - Well you just nailed exactly why. I couldn't believe, I didn't know Dr Anthony Fauci, MD was even still in business, I kind of let that go when all this took place in my family.

What I didn't mention was 34 days later my mom died, she was a cancer survivor.

The guilt of keeping her son on this medication (AZT), even though his community was warning him, and all that when she would go in to tell the Medical Doctors:

> ***"You know, my my son is getting worse, I look at him, he looks like a skeleton. He was looking good, healthy, handsome, and as soon as we started this medication (AZT) he's noticeably worse, Diarrhea and Vomiting every day, Migraine, Headaches, his quality of life is, he wants to kill himself now, at this point."***

He was told, he's just acclimating to the medicine (AZT). If you take your son off that medicine (AZT), he will die.

And so, she was forced to "Follow the Science."

When her first son was killed, she was a cancer survivor for 8 years, and would have lived a long healthy life, she was 57 years old. But the guilt and the weight of knowing that she was one of the people that made the decisions to keep her son on this Medication (AZT), she literally just lost the will to live. And it taught me a great deal about the power of our will to live. Which I think is actually at the root of of the agenda of these tyrants, to just take everything that we love away from from us, our family, our attraction to the opposite sex, and having children. When we lose the will to live, then we lose the will to fight for life, and I think that's really what's at the core of these agendas ultimately.

Jimmy Dore – **So when you saw Dr Anthony Fauci, MD re-emerge in 2020, did you immediately get to work on a movie called "Plandemic", well ironically a year before that I was presented I had a doctor friend of mine who reached out to me and said:**

> ***"There's a doctor a female doctor, with a story a scientist she's got an unbelievable story she actually told me that it's kind like an Erin Brockovich story, one woman up against the Goliath of Science."***

And she brought this scientist into my office to meet with me and turned out to be Dr Judy Anne Mikovits, and I sit, and I listened to her story for 3 hours.

And at the time, I was making a documentary called "The Narrative", to expose mainstream media, because I'm a media veteran, and I've seen it, my life was changed, I was at the World Trade Center in 2001 when it was attacked, and I had a "snap to grid moment", came home packed up everything I had put it in storage, and left Hollywood, wanted nothing to do with it.

So, I know the game well enough, to know that this woman was telling the truth, in the story, that she told me, of working partially under Dr Anthony Fauci, MD and the crooked Game of Science, and the way that the Patents worked, and the Funding, the Grants.

She had just told me the story, a year before, and when she brought up the the name Anthony Fauci, I said:

"Oh wait a minute, is this, is he a very small man", and she said yeah, I said "this is a guy that killed my brother, I know exactly who you're talking about."

And so when the "Pandemic" was announced in 2020, I called Dr Judy Mikovits, and I sat down, and I said Dr Judy Mikovits, just tell me from your perspective what do you think is taking place here. I feel like a lot of people are going to be harmed by this, and it's appearing like it's going to be beyond 911, of what's taking place here.

And she started to roll out what she thought was happening, and 45 minutes into that explanation, I said stop would you come back to my studio with me, let me turn a couple cameras on this, and let's record this, because at the very least I wasn't able to make a movie, at very least I'll edit this together as a podcast, and I'll put it out in the world and hopefully we'll be able to save some lives.

"I agree with you, I think Something Very Nefarious Is About To Take Place Here."

And so we did a long interview, I cut it together while I was editing the interview I started to deeply research all the points Dr Judy Mikovits was making. And everything was checking out, I had Attorneys on the line, Arresting Officers, anyone who worked on her case 10 years ago.

I forgot to mention that she was actually terrorized and put in jail for a few days, and her money, and everything was taken away from her, because she refused to play the dirty game of Science.

And so everything checked out, I was speaking with the law enforcement that was involved in the case, and they said absolutely 100%, what that woman is telling you, is how it unfolded, and I had an Attorney tell me, he said:

"Listen I don't have a dog in the fight, I don't represent her any more, but she's one of the most honest people that I ever had the honour of representing".

And so I decided to raise a little bit of money, and turn it into a 30-minute documentary and that became "Plandemic: The Hidden Agenda Behind Covid-19".

Jimmy Dore - **And what exactly was she imprisoned for?**

Micki Willis – **So, they put her in jail because, they said, that she stole intellectual property from the lab.**

And what they had literally done, is they had asked her to forge a signature because they were trying to get a Grant in the Lab, and they said one of the leading scientists, a female scientists, was away, she wasn't able, she was out on a boat or something like, that she wasn't able to get the signature and they were about to lose this Multi-Million

Dollar Grant, and "we feel like it be fine if you would just sign her name", and she said "you want me to forge a signature there's no way, I'm going to do that", and so she refused to play the game.

And she was actually renting a home from one of the crooked leads of this lab.

And they had a key to her home, so one day when she was away, they planted a notebook in her home, which was intellectual property from the Lab, had her home raided, and found the notebook, and put her in jail for 5 days.

When she got out, they basically just told her: "If you say anything we're pressing charges, and you're going to go down for a federal crime or shut up", and the brave woman she is, she said:

> ***"I won't, not only will I not shut up, but I'm going going to write books about this."***

It is to get dirt on her, and this is the game, this is what they get her to do something illegal, a federal crime, forgery and now she recognizes that something has arrived within her Lab, something illegal is taking place.

Now they have that over her head, to say:

> ***"Well you want to go back to jail or you want to get charged with this crime, we have this dirt on you."***

What came from it, is her realization that we need to repeal the "Bayh-Dole Act", because she said: "The Bayh-Dole Act of 1980, is what gave Doctors, Scientists, and Universities the ability to Profit of the Patents."

And so, there was a lot of Millions of Dollars being made to this Lab, by rejecting things, that they were unable to profit of, to patent and pushing forward things that they could Patent, and make Millions of." - Micki Willis, in "They Knew What They Were Doing!", Jimmy Dore Show, 24 May 2024.

The Vaccination Lobby

"The Vaccination Lobby shamelessly takes all the children of this world as hostages to still their greed for money and power. They relentlessly abuse our compassion for the weaker and our concern about health to promote their giga-business. No matter what. No matter how many more Vaccine Victims will suffer Death, or Side-Effects.

No matter how many financial resources this strategy devours at the expense of essential social investments like housing and employment.

No matter what, shocking!

There is no excuse for this crime.

Just as shocking is the observation that (health) policy is no longer under local, democratic control.

Everything is set up and organised with scrutiny at the highest, international level by those who take profit from it:

1. Pharmaceutical Industry,

2. Financial World,

3. Politicians." - Dr Kris Gaublomme, MD, Editor "International Vaccination Newsletter", 1993 to 1998.

If Vaccines Are Safe & Effective Why Pharmaceutical Companies Receive Liability Protection

"Covid Vaccines didn't just fall into a vacuum, they fell into a very well established Economic and Regulatory Model that has developed over the last 40 years with regards to Vaccines in the United States of America.

There should be no reason to continue giving those Companies the Immunity to Liability For Injuries if they are safe." - Aaron Siri, U.S. Lawyer, in "Follow the Science?: Oversight of the Biden Covid-19 Administrative State Response", House Judiciary GOP Committee, U.S. Congress, 26 June 2024.

Merck Creates a Fake Medical Journal "The Australasian Journal of Bone and Joint Medicine"

"A class action trial down under for patients who took Merck's now-withdrawn painkiller Vioxx.

- Had a doctor sign his name to an entirely ghostwritten journal article even though a Merck staffer had complained that the data within it was based on "wishful thinking."
- Created a fake "peer-reviewed" journal, the "Australasian Journal of Bone and Joint Medicine," in which to publicize pro-Vioxx articles.
- Created a pop song to get Merck sales reps all jazzed up about Vioxx.

"His life was changed through Vioxx/He'll be jumping' round for joy till/A doctor tries to write a script for/Some old non-steroidal.
Sell Vioxx for me baby/Sell Vioxx for me baby/Sell Vioxx for me baby/Sell Vioxx for me baby!"

- in "New Merck Allegations: A Fake Journal; Ghostwritten Studies; Vioxx Pop Songs; PR Execs Harass Reporters", Bnet, 23 April 2009.

Destroy, Neutralize, Discredit Dissent

"Merck made a "Hit List" of doctors who criticized Vioxx, according to testimony in a Vioxx class action case in Australia.

The list, emailed between Merck employees, contained doctors' names with the labels "neutralise", "neutralised" or "discredit" next to them.

Merck emails from 1999 showed company execs complaining about doctors who disliked using Vioxx.

One email said:

"We may need to seek them out and destroy them where they live." - in "Merck Created Hit List to "Destroy", "Neutralize" or "Discredit" Dissenting Doctors", CBS News, 6 May 2009.

"Bill Gates has done more damage to the World's Health, than probably any other individual, sided and abetted by Dr Anthony Fauci, MD, I mean it is unavailable the damage this drive for Vaccines has done, particularly in the third world and Africa. Where it is obvious - and we can go all the way back to John Snow (1854) - with cholera and like that, correcting the water, food, nutrition, Vitamin D, will do far more to the overall health of populations, than some untried Vaccine that you jab to everybody." *- Professor Angus Dalgleish, FRCP, FRCPath, FmedSci, Professor of Oncology at St George's, University of London, in "Doc Malik, Honest Health", 30 August 2023.*

There Needs To Be a Quick & Devastating Published Take Down

Francis Sellers Collins, an American physician-scientist who "discovered the genes associated with a number of diseases", and led the Human Genome Project.

Served as director of the National Institutes of Health (NIH) in Bethesda, Maryland, from 17 August 2009 to 19 December 2021.

"From: Francis Collins, (NIH/OD)
Sent: Thursday, 8 October 2020 2:31 PM

To: Anthony Fauci, (NIH/NIAID)
Cliff Lane (NIH/NIAID)
Cc: Lawrence Tabak, (NIH/OD)

Subject: Great Barrington Declaration

Hi Tony and Cliff,

See: https://gbdeclaration.org

This proposal from the 3 Fringe Epidemiologists (Martin Kulldorff, Professor of Medicine at Harvard, Sunetra Gupta, Professor of Theoretical Epidemiology at Oxford, Jay Bhattacharya, Professor of Medicine and Economics at Stanford), who met with the Secretary (Alex Azar, US secretary of health and human services), seems to be getting a lot of attention - and even a co-signature from Nobel Prize winner Mike Leavitt at Stanford.

There needs to be a quick and devastating published take down of its premises.

I don't see anything like that on line yet - is it underway?

Francis." - Dr Francis Sellers Collins, MD, Director of the National Institutes of Health, in "E-mail", NIH, 8 October 2020.

Improve Compliance

"Novartis Implanted Computer Chips into the shoulders of 20 patients taking the Blood Pressure Drug Diovan; the chips sent Text Messages to their Cellphones when it was time to take the next pill.

The experiment was designed to improve "compliance."

"Pfizer's Health Solutions division has developed a system to telephone patients to encourage them to take medicine," the FT notes." - in "Novartis Chip Implant Texts Your Phone When You Need Another Pill", Bnet, 22 September 2009.

The Criminal World of the Pharmaceutical Industry

"International Bribery and Corruption, Fraud in the testing of drugs, Criminal Negligence in the unsafe manufacture of drugs; the Pharmaceutical Industry has a worse record of law-breaking than any other industry.

In this revealing study, Dr John Braithwaite describes many examples of corporate crime, which illustrate the depth and seriousness of the crime problem in the Pharmaceutical Industry. He shows how Pharmaceutical Transnational Corporations defy the intent of laws regulating the safety of drugs by Bribery, False Advertising, Fraud in the safety testing of drugs, unsafe manufacturing processes, smuggling and international law evasion strategies. He also emphasises the fact that Third World countries are special victims of the global law evasion strategies of transnationals.

Based on extensive international research, including interviews with 131 senior executives of Pharmaceutical Companies in the United States, United Kingdom, Australia, Mexico and Guatemala, the book is a major study of white-collar crime." - in book cover of "Corporate Crime in the Pharmaceutical Industry", 1984.

Celebrity Doctors Being Paid to Promote Vaccines

"Conflicts of interest can affect how healthcare professionals use, see and interpret evidence. Conflicts of interest, perceived or real, can also cause a huge loss of public trust in medicine, healthcare and government. When it became clear that TV Doctors Ranj Singh, Nighat Arif, and Philippa Kaye, had all received Thousands of Pounds in Contracted Service Fees from AstraZeneca, there was, unsurprisingly, an outpouring of concern.

All 3 Doctors had been vocal in their public support for COVID-19 vaccines, of which AstraZeneca's Vaxzevria was one of the first to become available and widely used in the U.K." - in "Celebrity Doctors Being Paid to Promote Vaccines is Against the Law", The Daily Sceptic, 15 May 2024.

> ***"Almost 6 in 10 Doctors in the US received more than $12 Billion in Payments from Pharma Firms in the past decade, an analysis has revealed. A study by researchers at Yale University found that 57% of Doctors Earned the Huge Sums from Manufacturers in relation to Medical Drugs or devices between 2013 and 2022."*** *- in "In bed with Big Pharma: Corruption fears as report finds US Doctors received record $12bn in Pharma Payments in past decade", The Daily Mail, 3 April 2024.*

"BBC Morning Live's Dr Ranj has been caught up in a damaging row over his financial links to Pharmaceutical Giant AstraZeneca. The TV doctor was paid £22,500 by the Company in 2021 for an Advertising Campaign. But he failed to disclose this to show executives when he led a discussion on the safety of the AZ Covid Vaccine last week." - in "TV doctor Dr Ranj failed to tell BBC bosses about £22,500 AstraZeneca advert before jabs feature", Mirror, 17 May 2024.

Campaign Of Terror

"I'm going to be laying out the actual names and faces of the people who financially paid for this "Campaign Of Terror." We have a crisis right now, and one of the things that helps feed the crisis is our absence of focus.

We right now are on the precipice of the mass murder of 5 to 11 year old's in this country, and we're pretending and we're pretending that that's as important or less important.

Children are being murdered, and we're pretending like that's one of the issues.

The emergency use authorization, and the illegality of the criminal conspiracy that gave rise to that emergency use authorization, is the issue.

And if we aren't focused on the issue, we are going to watch young men and women, who never get to live to see adulthood in our name, because we were so damn concerned about the topic that was interesting to us.

I am going to put my life energy on a single Focus which is until we hold the criminal conspirators accountable, and until we end the emergency use authorization we're not done.

And there is no other topic right now, that I'm concerning myself with, save the preservation of the Next Generation from a Mass Murdering, Genocidal Psychopathic group of criminals, who have decided that they can look on a 5-year-old with contempt.

How many of you studied statistics?

I'm going to tell you **a 2,000 child Clinical Trial, is not statistical power sufficient to determine whether or not something is safe and effective,** in any universe ever. And it's high time we start actually calling out what it is.

This is a genocidal initiative, and that is exactly what's being done, and it's being done by a criminal conspiracy and we must address that issue.

One of the things I'm going to tell you at the beginning of this presentation, is this is not going to be a conversation about whether viruses exist or not, this is not **an existential debate on a stupid scientific model that was canonized in**

1953, when we allegedly took an x-ray crystallography photograph of what we said was a double helix, which it wasn't, it was a quad helix if you actually look at what the actual photograph.

You actually see that it never was a double helix, we actually made up that story, we gave people Nobel Prizes for a lie.

And then wonder why **we're stuck in a world where we're debating whether or not something exists or not, when we have a foundation that says it doesn't exist.**

That's the reason why I'm not going to talk about it, **if you build a story on a lie, then every derivative of a lie is still a lie.**

There we go, we actually have an intellect, and the thing we're living through right now **is not a Public Health Emergency, the thing we're living through right now is the last hegemonic grasp of an Industry that set out in 1984 to build a singular model of what health was.**

In 1984 they built a singular model of what health was, and health was the genetic manipulation of an organism to build a perpetual dependency on a Pharmaceutical Industry.

That's in fact what 1984 was, 1984 was when we picked the mercenary in chief to actually run a program which was singularly focused on:

1. Establishing the hegemony of Vaccines as the only way to treat the Human Condition.

2. To put in place the tools that would lead to the 1986 shield of immunity act called; "The National Childhood Vaccine Injury Act 1986."

Dr Anthony Fauci, MD was selected for one purpose and one purpose alone his whole reason for existence at NIH, was to advance one scientific theory, which is that the human beings and the human condition would be better served if we had a universal dependency on immunization through Vaccine.

That is his model, he said it at the beginning he hasn't changed it since.

We make the mistake of thinking that somehow in the 1980's things were just kind of moving along, and this accidentally came about.

No! It was architected, and he was selected to be the mass murderer and chief, call it what it is, we wouldn't have the 1986 Act if we didn't have Dr Fauci.

> ***"I became director of NIAID in 1984 because I wanted to have more of an impact on HIV and infectious diseases."*** *- Dr Anthony Fauci, MD in "Q and A with NIAID Director Dr. Anthony S. Fauci", Global Health Matters Newsletter, Fogarty International Center, National Institutes of Health, July/August 2011.*

I started in 1984, not in 1986 because we have to start at the foundation, and the foundation was choosing a person who had a conquest orientation, choosing a person who was trained, that's who Anthony Fauci was.

Let's wonder if there could be some Napoleonic kind of psychology going on, but there is a there's an issue that says that we selected a person who actually had a Napoleonic orientation, a notion that he could impose his will on humanity, because it was the right thing to do so.

It is not a surprise that his entire career has been nothing but the death and destruction of people first, by the conflation of what HIV AIDS was, and the rush towards Vaccinations which was supposed to be the camel's nose under the tent.

We wanted to actually pick a topic like syphilis was for penicillin, because syphilis for penicillin was a godsend. **But why did we need syphilis, we needed syphilis to sell Penicillin."** - Dr David E. Martin, PhD, in "Wise Traditions Conference", 5 November 2021.

The Current Pandemic Period Business Is Booming

"Dr Heiko von der Leyen, husband of Ursula von der Leyen, the President of the European Commission, who until then had been running a clinic in Hanover, was recruited in December 2020 as "Medical Director" of the Pharmaceutical Company Orgenesis, which is based in New York State, just like Pfizer.

In the current pandemic period, business is booming.

Orgenesis is a Biotech Company developing Cell and Gene Therapies using messenger RNA Technology.

In May 2020, the company announced the launch of its new Vaccine platform targeting the Covid Virus (1).

When Dr von der Leyen joins the Orgenesis Board, the European Commission has just concluded a Series of Contracts with Pharmaceutical Companies between August and November 2020, including 2 with Pfizer/BioNTech Contracts (2)." - in "Albert Bourla, Ursula von der Leyen & Heiko von der Leyen: The dangerous relationship between the President of the European Commission and the CEO of Pfizer", EXPRESSIS-VERBIS, 25 March 2022.

1.www.manufacturingchemist.com/news/articlepage/Orgenesis_launches_cell-based_vaccine_platform_targeting_SARS-CoV-2/165088

2.www.globenewswire.com/en/news-release/2020/05/13/2032931/24226/en/Orgenesis-Announces-Cell-Based-Vaccine-Platform-Targeting-Covid-19-and-other-Existing-and-Emerging-Viral-Diseases.html

New Technology, New Patents, Lots of Money

Why mRNA Technology Was Used in "Vaccines":

"The real issue was the Patent Portfolio.

When you use a Technology that's Off Patent, then you cant make as much as money, than if you use this very new technology where the Patents are ripe.

Moderna Patents were Co-Held with the National Institute of Allergy and Infectious Diseases (NIAID), where Dr Fauci was head.

That's why, they chose Moderna, and they also chose Pfizer, because it was very similar Technology.

New Technology, New Patents, Lots of Money." - Prof Dr Brian Hooker, former Biologist and Chemist, Simpson University, in "Big Pharma Hopes For Another Cash Cow Vaccine With Bird Flu", Kim Iversen, 17 May 2024.

Vaccines, Pandemics & Accelerating The Net Zero Transition

"I am often asked which of Britain's many pressing public policy challenges need a Vaccine-style approach. I believe that one such priority is the urgent need to end the era of excessive carbon emissions, high energy bills and energy insecurity by accelerating the net zero transition to clean, homegrown energy." *- in "Sir Patrick Vallance backs Labour's green energy plan", The Times, 30 May 2024.*

"Sir Patrick Vallance, who was Chief Scientific Adviser to the [Conservative Party] Government during the Covid-19 Pandemic, has been appointed a Minister of State for science in the Department for Science, Innovation and Technology [Labour Party Government].

Served as Chief Scientific Adviser from April 2018 to April 2023, and prior to that worked at Pharmaceutical Firm GlaxoSmithKline.

The man whose face became synonymous with Covid briefings during the Lockdown, held the role of the UK Government's Chief Scientific Adviser throughout the Pandemic.

He was knighted in 2022 for his Service during the Pandemic." - in "Sir Patrick Vallance: From Covid adviser to science minister", The Standard, 5 July 2024.

Serious Crime Act 2015

UK Public General Acts; 2015 c. 9; PART 3;
Organised crime groups

"45 Offence of participating in activities of organised crime group

(1) A person who participates in the criminal activities of an organised crime group commits an offence.

(2) For this purpose, a person participates in the criminal activities of an organised crime group if the person takes part in any activities that the person knows or reasonably suspects —

(a) are criminal activities of an organised crime group, or

(b) will help an organised crime group to carry on criminal activities.

(3) "Criminal activities" are activities within subsection (4) or (5) **that are carried on with a view to obtaining (directly or indirectly) any gain or benefit.**

(4) Activities are within this subsection if—

(a) they are carried on in England or Wales, and

(b) they constitute an offence in England and Wales punishable on conviction on indictment with imprisonment for a term of 7 years or more.

(5) Activities are within this subsection if—

(a) they are carried on outside England and Wales,

(b) they constitute an offence under the law in force of the country where they are carried on, and

(c) they would constitute an offence in England and Wales of the kind mentioned in subsection (4)(b) if the activities were carried on in England and Wales.

(6) "Organised crime group" means a group that—

(a) has as its purpose, or as one of its purposes, the carrying on of criminal activities, and

(b) consists of three or more persons who act, or agree to act, together to further that purpose.

(7) For a person to be guilty of an offence under this section it is not necessary—

(a) for the person to know any of the persons who are members of the organised crime group,

(b) for all of the acts or omissions comprising participation in the group's criminal activities to take place in England and Wales (so long as at least one of them does), or

(c) for the gain or benefit referred to in subsection (3) to be financial in nature.

(8) It is a defence for a person charged with an offence under this section to prove that the person's participation was necessary for a purpose related to the prevention or detection of crime.

(9) A person guilty of an offence under this section is liable on conviction on indictment to imprisonment for a term not exceeding 5 years." - in "Serious Crime Act 2015", UK Legislation, 2015.

Medicine And Socialism

"The socialist experiment with medicine started circa 1885 with Otto von Bismarck in Germany.

In the USA it was accelerated during WWII and again during the Lyndon Johnson administration with the advent of Medicare in 1965.

In historical terms it is new.

However, people nowadays have been so well acculturated to socialism in medicine that many believe humanity could not exist without it.

The communist variety, as in the USSR, failed on all fronts.

The fascist variety, into which we are now entering in America, is very profitable to the large mercantile companies in what is to be called **Public-Private-Partnerships.**

This method of socialism, correctly called fascism, is also inefficient from the perspective of the user/consumer. It does, however rev up the cooperation between **bought Politicos and the Captains of Industry.**" - Dr Thomas Dorman, MD in "The Death of Hippocrates", 2002.

The Medical Trade Gigantic, Cruel, Ludicrous, Lucrative, Transparent Fraud

"The modern medical system, to the extent of perhaps 80%, is nothing but a gigantic, cruel, ludicrous, lucrative, transparent fraud. Doctors do not know what disease is, nor how it is brought about.

Doctors, completely unaware of their significance or purpose, are taught that acute illnesses are acute diseases, which they must prevent or cure.

With this object they employ a battery of destructive agents, notoriously more dangerous than the ills they are supposed to cure.

Poisonous Drugs, Vaccines, Radiation and Mutilating Surgery are their weapons.

Perhaps the worst crime of modern medical, so-called "Science" is the increasingly effective suppression of acute illnesses.

Usually, successful suppression has 1 of 4 consequences:

1. The sufferer is killed.

2. A foundation is laid for chronic and often incurable disease.

3. Nature (if she can) will after period intervals, stage more of these would-be spring cleanings or Healing Crises.

4. Nature may effect a cure in spite of treatment in which case the doctor will claim and probably get full credit for recovery.

If germs are so terrible, why do these acute so-called "infective" disorders yield so dramatically to simple elimination? If the germ were the relevant factor, fasting would surely be fatal. Appreciation of this point will soon close our "fever-traps."" - Dr Ulric Williams, MD in "Hints on Healthy Living", 1939.

Candidate Vaccines Ready At All Times

"We have Candidate Vaccines ready at all times. So there is a Candidate Vaccine. It is ready if it should be needed." *- Dr Mike Ryan, MD, Executive Director, Health Emergencies Programme, in "Press Conference on global health issues", WHO, 24 April 2024.*

The Big Catch-Up

"The Big Catch-Up was ***initiated by the Director-General and Partners*** *at the beginning of 2023, calling for a push in 2023, 2024 and 2025 to do this* ***massive catch-up*** *in 3 ways. First of all,* ***Catching up All of the People, the Children Especially, who missed Vaccines*** *during the course of the pandemic. But that's not the only part of The Big Catch-Up. It was also to assure that the programmes on immunization got back to their performance level that they were able to achieve in 2019. And the third part of The Big Catch-Up was actually to strengthen the programmes even further in these couple of years to get back onto* ***the trajectory that would lead to the success of the 2030 goals.****" - Dr Kate O'Brien, Director, Immunization, Vaccines and Biologicals, in "Press Conference on global health issues", WHO, 24 April 2024.*

Vaccines For Everyone Everywhere

"More support is needed from donors. WHO remains committed to doing everything humanly possible to realise the lifesaving power of Vaccines for Everyone, Everywhere." *- Dr Tedros Adhanom Ghebreyesus, WHO Director-General, in "Press Conference on global health issues", WHO, 24 April 2024.*

Vaccinate Every Child Everywhere

"I'm pleased to be representing the ***Bill and Melinda Gates Foundation as we celebrate the incredible impact of Vaccines during the last 50 years.*** *I would also like to take this time to celebrate all the health workers around the world who work tirelessly* ***to Vaccinate Every Child, Everywhere."*** *- Violaine Mitchell, Director of the Immunization Program Strategy Team, launched July 2022, and* ***partners with countries, global, regional, and country public private sector organizations, including civil society, to make sure that Vaccines and immunization are effectively prioritized and delivered****, Violaine is BMGF representative to the Gavi Board, in "Press Conference on global health issues", WHO, 24 April 2024.*

"Vaccination has never been anything but a delusion, maintained only by professional greed and a misunderstanding entirely to the physical health and needs of humanity. Once these rules are fully understood, no respectable physician will be guilty of practicing Vaccination either on children or adults." *- Dr Joe Shelby Riley, MD, in "Conquering Units: Or The Mastery of Disease", 1921.*

"It would thus appear that a large proportion of the Vaccination now performed is in reality but a modified form of inoculation, having smallpox as its basis, and containing nothing of the Jennerian method but the name.
It is not cow-pox, neither spontaneous nor inoculated from horse-grease, but it is smallpox propagated from human beings, through calves, to human beings again.
Millions of Vaccinations are made every year, and nobody knows what they are made with.
The whole process is a haphazard game with chance.
Vaccination was accepted on the simple dictum of Jenner that it would stamp out smallpox.
The Medical Profession of today buys its Vaccinal virus of those who make Merchandise of it on their simple dictum that it is the right thing to use.
I compiled a list of upwards of a thousand instances of persons who had suffered Permanent Injury, or Death [from Vaccination].
Of these, 9 have been personally known to me." *- Dr George William Winterburn, MD, in "The Value of Vaccination: A Non-partisan Review of Its History and Results", 1886.*

Thousands Believe Vaccines Harm Is Anyone Listening?

"Thousands Believe Covid Vaccines Harmed Them. Is Anyone Listening?" *- in The New York Times, 3 May 2024.*

We Need To Prosecute Dr Anthony Fauci, MD

"One of the things that shocked me, as we worked our way through this pandemic, from a couple of years ago was the level of Disinformation that was coming from our Political Leaders, and our Medical Community and the Pharmaceutical Companies.

The blanket and blatant violations of our constitutional rights was absolutely off the charts.

The Government Tyranny was something that we've never seen before.

The Abuse of the Emergency use Authorization Protocol was really pretty stunning, including the requirement for informed consent before someone can be Forced To Take A Vaccine.

Was something that has deeply affected our country, and will continue to do so, into the long distant future.

How do we protect this process in the future.

I think, The First Step Is:

We need to Prosecute Dr Anthony Fauci, MD for the level of Lies and Disinformation that he spread during the course of this." - Harriet Maxine Hageman, Attorney serving as the U.S. Representative for the State of Wyoming, Congressional District since 2023, in "Committee Hearing at the US Congress", 26 June 2024.

Increased Cancer Mortality After Vaccination

"Mass Vaccination with the 1st and 2nd doses started in the spring of 2021, and the Vaccination rate soon peaked in the summer of 2021 at 80% of the population.

The Vaccination rate for the 3rd dose peaked in the spring of 2022, at 68%. Now, Japan is even conducting mass Vaccination with a 7th dose, making it the country with the highest Vaccination rates. Researchers have reported that the SARS-CoV-2 mRNA-LNP Vaccine may pose the risk of development and progression of cancer.

In addition, several case reports have described cancer developing or worsening after Vaccination and discussed possible causal links between cancer and mRNA-LNP Vaccination.

Statistically significant increases in age-adjusted mortality rates of all cancer and some specific types of cancer:

1. **Ovarian Cancer,**
2. **Leukemia,**
3. **Prostate,**
4. **Lip / Oral / Pharyngeal,**
5. **Pancreatic,**
6. **Breast Cancers.**

Were observed in 2022 after 2/3 of the Japanese population had received the 3rd or later dose of SARS-CoV-2 mRNA-LNP Vaccine.

These particularly marked increases in mortality rates of these ERα-sensitive cancers may be attributable to several mechanisms of the mRNA-LNP Vaccination." - Dr Miki Gibo, MD, Dr Seiji Kojima, MD, PhD, Professor, Dr Akinori Fujisawa, MD, Dr Takayuki Kikuchi, MPH, Dr Masanori Fukushima, MD, PhD, Professor, in "Increased Age-Adjusted Cancer Mortality After the Third mRNA-Lipid Nanoparticle Vaccine Dose During the COVID-19 Pandemic in Japan", Cureus, 8 April 2024.

73.9% of Deaths Were Due To Vaccination

"We found that 73.9% of deaths were directly due to or significantly contributed to by COVID-19 Vaccination.

Our data suggest a high likelihood of a causal link between COVID-19 Vaccination and death.

Three or more organ systems were affected in 21 cases.

The mean time from Vaccination to death was 14.3 days.

Most deaths occurred within a week from last Vaccine administration.

A total of 240 deaths (73.9%) were independently adjudicated as directly due to or significantly contributed to by COVID-19 Vaccination, of which the primary causes of death include sudden cardiac death (35%), pulmonary embolism (12.5%), myocardial infarction (12%), VITT (7.9%), myocarditis (7.1%), multisystem inflammatory syndrome (4.6%), and cerebral hemorrhage (3.8%).

The cardiovascular system was by far the most implicated organ system in death, followed by hematological, respiratory, multiple organ systems, neurological, immunological, and gastrointestinal systems , with 3 or more organ systems affected in 21 cases. Sudden cardiac death, myocardial infarction, myocarditis, pericarditis, pulmonary embolism, vaccine-induced immune thrombotic thrombocytopenia (VITT), brain hemorrhage, multi-organ failure, respiratory failure, and cytokine storm were the reported causes of death in the majority of cases.

The majority of deaths occurred within a week from last vaccine administration.

These results corroborate known COVID-19 vaccine-induced syndromes and show significant, temporal associations between COVID-19 Vaccination and death involving multiple organ systems, with a predominant implication of the cardiovascular and hematological systems." - in "A Systematic REVIEW of Autopsy findings in Deaths after covid-19 Vaccination", Forensic Science International, 21 June 2024.

Pfizer Made Multiple Misleading Statements To Deceive the Public About Its Vaccine

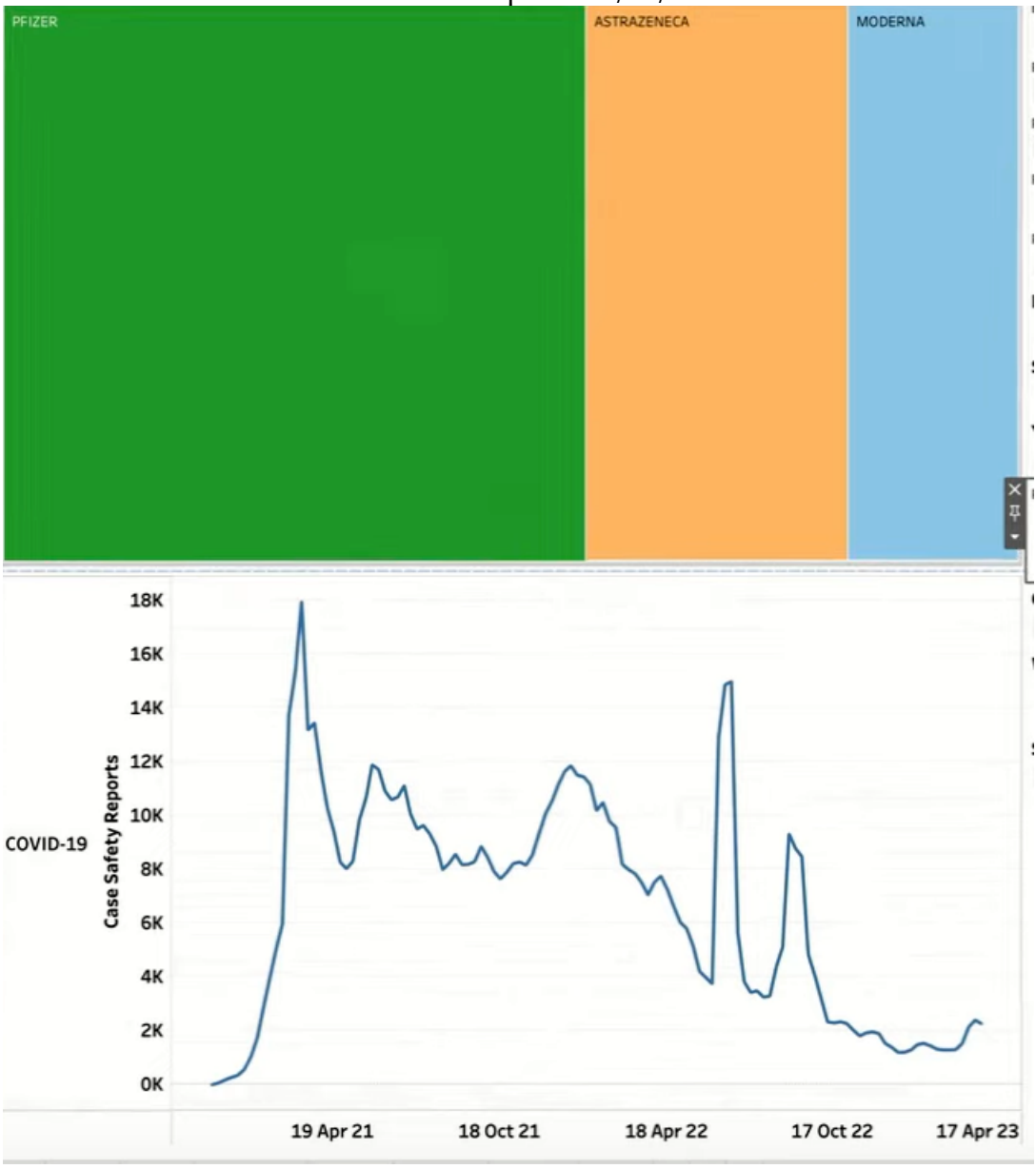
"Pfizer marketed its Vaccine as safe for pregnant women.

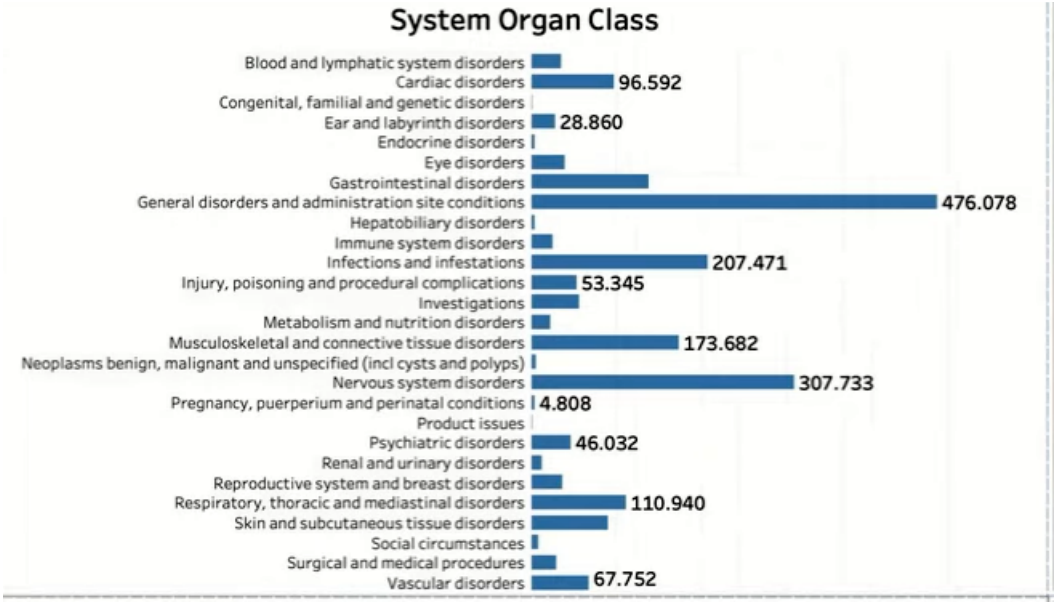
However, in February of 2021 Pfizer possessed reports for 458 pregnant women who received Pfizer's covid 19 Vaccine during pregnancy, more than half (+50%) of the pregnant women reported an Adverse Event, and more than 10% reported a Miscarriage, many within days of the Vaccination.

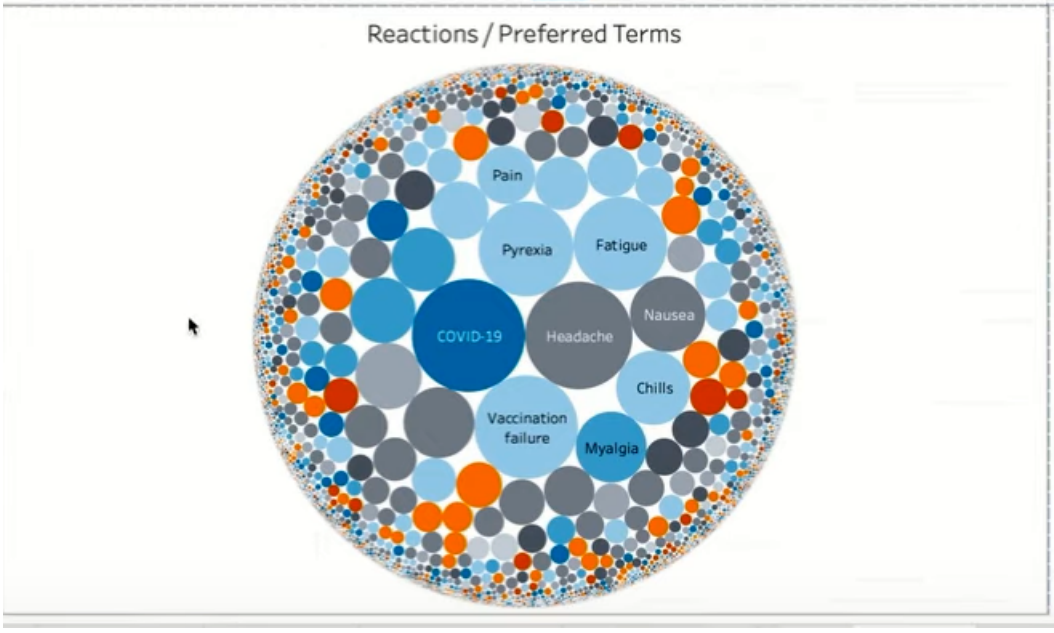
Pfizer also possessed information from its own October 2020, study on pregnancy and rats, indicating that its covid 19 Vaccine was likely linked to infertility, loss of litters and stillborn offspring." - Kris Kobach, Kansas Attorney General, in "Pfizer Made Multiple Misleading Statements to Deceive the Public About its Vaccine", 17 June 2024.

European Medicines Agency Case Safety Reports Showing All ICSRs for Products

Created: 16 April 2024
Source: www.adrreports.eu/en/search.html




System Organ Class
Blood and lymphatic system disorders
Cardiac disorders
96.592
Congenital, familial and genetic disorders
Ear and labyrinth disorders
28.860
Endocrine disorders
Eye disorders
Gastrointestinal disorders
General disorders and administration site conditions
476.078
Hepatobiliary disorders
Immune system disorders
Infections and infestations
207.471
Injury, poisoning and procedural complications
53.345
Investigations
Metabolism and nutrition disorders
Musculoskeletal and connective tissue disorders
173.682
Neoplasms benign, malignant and unspecified (incl cysts and polyps)
Nervous system disorders
307.733
Pregnancy, puerperium and perinatal conditions
4.808
Product issues
Psychiatric disorders
46.032
Renal and urinary disorders
Reproductive system and breast disorders
Respiratory, thoracic and mediastinal disorders
110.940
Skin and subcutaneous tissue disorders
Social circumstances
Surgical and medical procedures
Vascular disorders
67.752


Reactions / Preferred Terms
Pain
Pyrexia
Fatigue
COVID-19
Headache
Nausea
Chills
Vaccination failure
Myalgia

Strokes Associated With Covid-19 Vaccines

"There are increasing reports of various types of Stroke including Ischemic Stroke, and Hemorrhagic Stroke, as well as Cerebral Venous Sinus Thrombosis (CVST) after COVID-19 Vaccination.

Ischemic Stroke and Intracerebral Hemorrhage (ICH)23have been reported after COVID-19 Vaccination.

Cerebrovascular Venous Sinus Thrombosis (CVST) was first reported after Oxford-AstraZeneca Vaccine inoculation (ChAdOx1 nCoV-19).

Subsequently, 6 cases of CVST were reported after administration of Johnson & Johnson Vaccination (Ad26.COV2.S).

COVID-19 Vaccines may trigger stroke with thrombotic thrombocytopenia with or without the presence of anti-platelet factor 4 antibody (anti-PF4 antibody).

Vaccine-induced Thrombotic Thrombocytopenia (VITT) may also be associated with stroke following COVID-19 Vaccination.

Thrombosis can occur in the vessels following COVID-19 Vaccination.

They are usually seen in the context of VITT.

These cases were mostly diagnosed following ChAdOx1 nCoV-19 Vaccine, especially with the involvement of the Middle Cerebral Artery (MCA).

Vaccination induces a series of immunological events which may cause neurological problems:

1. **Demyelinating Diseases**
2. **Epileptic Seizures**
3. **Guillain-Barre Syndrome**
4. **Stroke**

The most common Neurological Symptoms after the Vaccination include:

1. Dizziness
2. Headache
3. Pain
4. Muscle Spasms
5. Myalgia
6. Paresthesia

Furthermore, in limited studies:

1. Tremor
2. Diplopia
3. Tinnitus
4. Dysphonia
5. Seizures

Were seen after Covid-19 Vaccination.

In a trial of the Pfizer–BioNTech (BNT162b2) mRNA Vaccine, 7 out of 37,000 participants developed Bell's Palsy." - in "Stroke Associated with COVID-19 Vaccines", J. Stroke Cerebrovasc. Dis., June 2022.

Chapter 21

The Rabies Virus Farce

In this section, should be noted that, if the reader has already read the previous books in this series, published by us, then the reader should be aware that the so-called "Experiments" and "Vaccine" on Rabies, conducted by Pasteur are in fact Fraud.

The 3 books published so far on Mr Pasteur so-called "Scientific" Work, and in particularly the last book published a few years ago, show in detail the Fraud which is both Mr Pasteur and the Rabies "Virus".

In the previous books we give both excerpts on the conclusions of these 3 books and also their Titles and Year Publication.

Here we just go throughout the nonsensical research done by this creatures of Laboratory, so-called specialists of "Virology".

They absurdity, and lack of common sense and brains is quiet alarming.

Vaccinomania

"The failure of the system is attested by the deaths.

Whole hecatombs of animals have been ruthlessly sacrificed in the quest after the "virus", and well might Vincent Richards condemn **the slaughter which has taken place without, as we assert, benefit to the human race, nay, even to its injury.**

A new terror is now added to the bite of the dog.

Dr Berkenhout, writing about rabies in 1783, told us that he knew not of any human attempt which had more resemblance to the Knight of La Mancha's tilting at a wind-mill, than that of combating **popular errors and reasoning against popularly received opinions.**

During late years, the clinical observer has been pushed on one side by the men who are supposed to be engaged purely in "original research", the men who work simply and solely in laboratories, who look through microscopes at infinitesimal organism or who apply complicated instruments to curarized frogs to measure their heart beats, or who take up the more fashionable pursuit of bacteriology, as if the clinical observer were not equally entitled to claim that he was engaged in original research.

As the consequence of fashion, we have a vast literature of the modern school, but unfortunately not valuable in proportion to its vastness. It is a mass of undigested, crude material, produced in accordance with the wants of the market.

Theories have been started, based on imperfect experiment, and these have been in turn superseded by newer theories.

Bacteriological research being encouraged by endowments and by the fashion of the day, naturally has thriven.

The chemist and the bacteriologist may do us some service, but they must be kept in the place of servants.

Laboratory experiments on dead tissue or on living matter out of place cannot alone solve for us the problems of life or disease.

Have we any treatment that is satisfactory, based on these discoveries?

There can be only one answer to this question, No.

Clinical observers may take heart, there are some signs of the lifting of the cloud, and of the emancipation of medicine from the trammels of what has been so well called **"Vaccinomania."** - Dr Thomas Dolan, MD in "Pasteur and Rabies", 1890.

Trust - The Laboratory Scientific Work

"There still remain persons who are skeptical concerning, or even deny the existence of, rabies as a distinct disease.

No attempt will be made to enter into controversy with them. If they are fair minded and possess an average amount of intelligence, a visit to a laboratory where scientific work in this direction is being done will suffice to dispel their objections even if their faith in human nature is so slight that they are able to regard those investigators who have devoted years of disinterested **study to the subject as untruthful or very badly mistaken.**

Rabies is an ancient and widespread disorder perpetuated among the lower animals, chiefly the dog family, transmitted in nature to other animals and to man by the inoculation of virulent saliva through bites.

The period of incubation is variable, but relatively long, usually between 1 and 2 month." - in "Facts and Problems of Rabies", 1912.

These Are Obviously Symptoms and Signs of Organic Toxaemia

"That some of the symptoms of rabies: fever, leucocytosis, hemorrhages, are those which we have come to recognize in other diseases as Toxic." *- Babes*

"A general increase of reflex excitability is early noted.

The centers for respiration and deglutition are especially severely attacked, with spasm or paralysis as a result. General convulsions of central origin frequently occur, paralysis of spinal origin may attack the extremities.

The psychical functions are disturbed in degrees varying in their manifestation from Morbid Anxiety to Delirium and Mania.

Pathological changes of a characteristic nature are confined principally to the nervous system.

Crelius Aurelianus, in his description of hydrophobia in man, makes mention of the following symptoms, which are sufficiently distinctive to show that he was familiar with the same disease which we recognize today:

> *"In the beginning of the attack, '**anxiety with no reason for it; irritability and malaise, restless movements, sleep light and disturbed, insomnia, stretching and continual gaping, and an unremitting desire to vomit, an unusual susceptibility to air,** no matter how quietly the patient may: have been resting, intoleration and loathing of liquids, little desire to drink.*
> *When the disease is established, there is thirst and at the same time dread of water, at first at the sight of it, later of the very sound or mention of it.*
> *This fear extends to oily preparations.*
> *The pulse is small, hard, and irregular; in certain cases there is a light fever.*
> *There are eructations; heaviness of the limbs.*
> *The diaphragm: is displaced upward and the functions of the intestines suppressed.*
> *Urination becomes frequent and of small amounts.*
> *There is nervous spasm and trembling."*

It remained for Pasteur to devise the method of subdural inoculation of material from the central nervous system, and from him the modern study of the disease may be said to date.

The History of Rabies, as shown by its literature, is extremely instructive, as showing how much and how little was known in past ages.

For instance, in Krugelstein's work in 1826, we learn that the following observations had already been made, some of them centuries before:

That **long haired dogs had rabies less frequently than short haired ones.**

Birds also are susceptible of inoculation, but seem to have a relative immunity, as old fowls and pigeons **if they take the disease at all, frequently recover and their nervous system is innocuous to rabies.**

That the disease is an infectious one i. e., produced by the invasion of a pathogenic microorganism emanating from a previous case of the diseases, is strongly suggested by the symptoms and the manner of conveyance, and is proved by the fact that all the parts of the nervous system, as well as some glandular structures and secretions, produce the same symptoms and results when inoculated experimentally into a healthy animal.

The liver, spleen, and spermatic fluid appear never to harbor the virus.

The pancreas, lachrymal glands, and suprarenal capsules, however, seem to be virulent in a large number of instances." - in "Facts and Problems of Rabies", 1912.

Clear Signs of Toxaemia Affecting The General Nervous System

"The first symptom of the disease in the rabbits was a general nervousness; the entire body seemed to be trembling and, if the animal was startled by the sudden clapping of hands, it would stagger and apparently have great trouble in maintaining its balance.

Soon a limping of the left hind leg was noticed and, if the rabbit was taken from the cage and made to hurry across the floor, that leg gave way entirely.

In a short time a weakness in the corresponding front leg developed, then in the neck, as in a**cute ascending paralysis.**

Hence when the animal attempted to walk it would move around the cage clockwise, supporting its weak left side against the wall.

A few of the rabbits had convulsions, and when that happened they rolled over and over from light to left.

The initial site of paralysis was the "left hind leg", and this in a short lime developed into a left hemiplegia, the paralysis eventually becoming general." - in "Rabies A Pathognomonic Sign Generally Overlooked", JAMA, 5 April 1913.

"Rabies is a fatal, acute, infectious disease of all warm-blooded animals, usually transmitted through the bite or scratch of an affected dog's teeth, at which time is introduced the virus contained in the virulent saliva.

While it is not absolutely necessary that the introduction or inoculation of the human with rabies virus must be through the medium of the bite of a rabid dog, yet it is the usual manner of transmission not only to the human family but to the canine family and other animals.

Outbreaks occur from time to time, due to the nature of the disease in dogs, which causes them to run wild, running long distances and attacking en route, thereby spreading the disease to remote parts.

One uncontrolled case of rabies in the dog at the stage of the disease when he is furious or running will infect or inoculate at times a large number of animals or persons.

In controlling rabies another important feature must always be taken into consideration-the incubation period.

If, like many other infectious diseases, there was an approximate period between the time of inoculation and the development of the syndromic manifestations, rabies could be easily controlled or perhaps eradicated by quarantine methods, if universally applied to all the canine and feline species.

However, the so uncertain incubation period of rabies, the elapsing time being from 12 Days to 3 Months, but may be as long as 1 Year.

Vaccination is being rapidly pushed throughout the Empire with the expectation of eradicating rabies from the country. **American Producers of single treatment antirabies Vaccine do not claim more than 1 year's immunity after Vaccination with their product."** - George E. Corwin, in "The Control of Rabies in Connecticut", Deputy Commissioner on Domestic Animals, Hartford, Connecticut Read, New Haven County Public Health Association, 6 March 1924.

The Incubation Period Farce

"Incubation Period in 65 cases

10 to 20 days:11
21 to 30 days: 19
31 to 40 days: 9
41 to 60 days: 8
Over 2 months but less than 4 months: 10
4 to 6 months: 3
6 to 12 months: 2
Over 12 months: 3

The average incubation period of all cases, excluding those over 1 year, was 49.25 days." - in "Rabies in the United States during the Year 1911", Public Health Reports, 12 July 1912.

"The virus may gain access to the blood stream without causing any symptom indicative of its presence.
It may even reach the central nervous system and become fixed there without causing an attack of hydrophobia.
In the nervous system it may remain in an absolutely latent condition for a very long time, until by some unknown mechanism it is suddenly wakened into activity." *- in "The Heredity of Rabies", Vet. Rev., 1919.*

The Rabies "Virus" Isolation Farce

"In view of the great interest now taken in this subject in consequence of the brilliant investigations of Pasteur, I think it desirable to take an early opportunity of stating that I have found the microbe which appears clearly to constitute the virus of this disease.

I have repeated his methods carefully.

Neither does it occur within the nerve fibres, as he states; and, lastly, it is fully 3 times the dimensions which he gives.

I may add that; **it does not occur in the same situation, treated by the same methods, in normal animals."** - in "The Microbe of Rabies", The Lancet, 12 June 1886.

"It is

- S. Flexner, in Journal of the American Medical Association, 1923.

"The symptoms produced in experimental animals by the encephalitic virus of Kobayashi, and by the virus of rabies are similar, and are accompanied by lesions which are indistinguishable, and since a cross-immunity is demonstrable between the 2 viruses, the conclusion is advanced that the specimen of so called encephalitis virus isolated by Kobayashi is in reality a specimen of rabic virus." - E. V. Cowdry, from the Laboratories of The Rockefeller Institute for Medical Research, in "Comparison of a Virus Obtained by Kobayashi from cases of Epidemic Encephalitis with the Virus of Rabies", Journal of Experimental Medicine, 1 May 1927.

"The following experiments were carried on with a hope of securing some evidence which might aid in establishing the true nature of the Negri bodies.

It has been frequently observed that, in the earlier stages of rabies, the Negri bodies either may not be demonstrable at all.

Cultivation of the supposed organism was attempted as follows: the medium used was fresh brain matter taken from a normal dog.

The following media were tried:

Brain material under sterile dog serum and oil;
Brain material under sterile cerebrospinal fluid and oil;
Brain material under Ringer's solution and oil;
4 parts plain agar + 1 part brain substance thoroughly mixed;
1 part brain + 9 parts salt solution, emulsified by shaking with glass beads, and filtered through a coarse Berkefeld filter.

This filtrate under a layer of sterile oil was used as a culture medium.

Inoculations were made with a drop of emulsified rabid brain substance, and the medium incubated at 380C. for from 8 to 15 days, both aerobically and under strict anaerobic conditions produced by a combination of vacuum, displacement by hydrogen, and absorption of oxygen by KOH + pyrogallic acid.

Smears were then made and stained with rosanilin violet + methylene blue as described by Williams and Lowden.

This is not considered as establishing definitely that the artificial cultivation of the virus of rabies has been accomplished, but as encouraging evidence that some modification of the methods described may lead to its successful cultivation." - in "The Organism of Rabies and Experiments in Its Artificial Cultivation", The Journal of Infectious Diseases, Oxford University Press, September 1913.

How the Laboratory Medical Trade Clowns Induce Rabies in Animals

"Dogs were inoculated with street rabies by the direct injection of emulsion of rabid brain into a nerve trunk. *Various nerves were employed, but m****ost satisfactory results were obtained by introducing a long needle into the orbital cavity below the eyeball and making the injection at the point where the optic nerve emerges through the optic foramen."*** *- in "The Organism of Rabies and Experiments in Its Artificial Cultivation", The Journal of Infectious Diseases, Oxford University Press, September 1913.*

The Estimate of Prevalence of Rabies

"The estimate of prevalence of rabies in a community is usually based on the number of positive microscopic examinations of animals submitted to Public Health Laboratories by interested persons.

Many factors render such information unreliable as a basis for computing total incidence.

The actual number of animal heads examined depends upon the availability of laboratory facilities and the extent to which the public utilizes such facilities.

The latter fluctuates with public consciousness of the disease, and this, in turn, is influenced from time to time by sensational events such as the death of a person from rabies, the ramblings and viciousness of a particular rabid animal, and **the amount of newspaper and radio publicity sporadically directed to the public from various sources.**

The rat has been named on several occasions as a likely reservoir of rabies.

It was thought that in Birmingham the high endemicity in dogs might favor a collateral reservoir in rats.

During November and December, 1938, 500 rats were trapped in various locations.

In no instance did rabies develop in the inoculated mice, and the conclusion seems justified that in Birmingham the **rat does not play an important part in the transmission of rabies.**

An equal number of rats from Montgomery, Alabama, were examined by the same method and with identical results." - in "Incidence of Rabies in Dogs and Rats as Determined by Survey", American Journal of Public Health, March 1940.

The Big Business of Canine And Other Animals Vaccination

"It is apparent that field studies, undertaken to determine the efficacy of prophylactic canine Vaccination, are of questionable value unless an examination for rabies is extended to include all dogs which die from any cause." *- in "Incidence of Rabies in Dogs and Rats as Determined by Survey", American Journal of Public Health, March 1940.*

Human Mortality from Rabies

"Human mortality (from rabies) is remarkably low." *- in "Incidence of Rabies in Dogs and Rats as Determined by Survey", American Journal of Public Health, March 1940.*

When Humans Are The Guinea Pigs

Bear in mind that Pasteur was a de facto fraudster, just imagine, the damage his frauds have permitted to be inflicted both upon Humanity and the Animal Kingdom.

"In 1884, Louis Pasteur, from Paris, asked the Brazilian Emperor Dom Pedro II to authorize the use of anti-rabies Vaccine trials in prisoners sentenced to death in the South American country.

Though the disturbing fact is that the rabies Vaccine had so far only been tested on dogs by Pasteur, and the request involved imprisoned, subjugated, and vulnerable subjects, not at risk of developing rabies previously the Vaccination.

On 15 November 1880, Pasteur, in his letter to Pedro II, deals with yellow fever and says that he is sending the work Critical review of posthumous writing by Claude Seward on fermentation.

On 7 July 1882, Pasteur talks about the need to study yellow fever in a country where it had its origin and regrets not being able to come to Brazil for reasons of health and age.

> *"But even though I have multiplied the examples of rabies prophylaxis in dogs, it seems to me that* ***my hand will tremble when I have to move to the human species."*** *- Louis Pasteur*

Pasteur also addresses rabies, whose study he was currently engaged in.

In the other important letter, he addresses rabies, cholera, and the rabies Vaccine.

He mentions that he intended to come to Rio de Janeiro to study the subject, especially the contagion, and the medicines that should be used.

"If I were king or Emperor or even president of the republic, here is how I would exercise the right of pardon on death row inmates.
I would offer to the lawyer for the convicted person, the day before the execution of the latter, to choose between imminent death and an experiment which would consist of preventive inoculations of rabies to cause the constitution of the subject to be refractory to rabies.
Employing these trials, the life of the condemned man would be saved.
If it were, and I have the persuasion that it would indeed be, – as a guarantee vis-à-vis the society which condemned the criminal, it would be subjected to surveillance for life." - Louis Pasteur

In the draft of the reply, the Emperor says that Pasteur's visit to Rio de Janeiro could provide an excellent service to humanity, but bringing the latest news about the studies of yellow fever.

In the letter of 23 February 1885, Pasteur refuses the invitation made by the Emperor to come to Brazil to study yellow fever.

Pasteur urged to follow a next delicate step "when Guinea pigs are human." - in "Louis Pasteur and Dom Pedro II engaged in rabies Vaccine development", Journal of Prev. Med. Hyg., March 2021.

Rabies From a Non-Rabid Dog

"Now what seems strange to the "laity", is the fact that the dog which bit the calf is still alive and apparently well, except the gunshot wound on the leg.

That the calf died of "Hydrophobia" or "Rabies", I cannot doubt, and that the disease developed in consequence of the bite upon the ear by a dog not affected with Rabies I cannot deny, unless Rabies is not necessarily fatal." - in "Rabies from the Bite of A Non-Rabid Dog", The Veterinary Journal and Annals of Comparative Pathology, June 1876.

The Rabies "Virus" Quantitative Rather Than Qualitative in Character

"Until the investigations of Pasteur threw light on the mystery surrounding rabies, it was not realised that there was a virus of the disease, or a rabific microbe as the Causa Causants of the virus.

By keenest clinical observers the existence of either of these agents was viewed as at best problematic.

Even where the germ-character of rabies was not denied, it was deemed most probable that, as surmised for untold ages, it was strictly of "spontaneous generation", or that the virus-germ underlying the disease was itself a diseased product and in reality but a virulent growth of canine morbid conditions exclusively in the salivary gland.

The phenomena of attenuation and of intensification, as induced by a transmission of rabies through the animal kingdom, were unknown.

That there were an intensifying and an attenuating division of the animal kingdom was never even remotely suspected. Nevertheless, it is hardly too much to say that this disclosure was one of the most important of Pasteur's research.

M. Pasteur has inaugurated a new epoch in the history of medicine, having in the realm of germ-disease originated amidst the lesions and the dry bones of morbid anatomy a very renaissance itself.

His research of rabies is that of a master-mind which has vitally influenced and moulded every subsequent investigation of germ disease.

It would appear, then, that one form of rabies differs from another, the completely convulsive, for example, from the convulso paralytic, and this in its turn from the exclusively paralytic, in the amount rather than in the intrinsic nature of the rabies-microbe.

In spite of the "virus", which was used, being only a canine-virus, it induced in the massive form in which it was inserted into the subcutaneous areolar lymph-sacs, not a convulsive-rabies, but a pronounced paralytic-rabies.

No such phenomenon would result from the most massive inoculation of any

small pox-virus, or anthrax-virus, or even of tetanus-virus, or of that of many more germ-diseases.

In such germ-diseases, on the contrary, neither the site, nor the amount of infection, determines the character of the resulting malady; one amount of the same virus-germ, and one site being as effective as another.

But varying quantities of the same rabic medulla, whatever its intrinsic rabific quality, whilst they will undoubtedly rabidise the rabbit or any intensifier, even irrespective of the site, **will by no means induce in each case the same rabies, or necessarily reproduce the rabies from which they have, one and all, been derived.**

Since a varying quantity of virus-gem is so essential to the production of the varying forms of rabies, without which there never probably would be any variation in the disease at all; since the virus-germ of rabies is a quantitative one, and induces a rabies strictly proportioned to the amount employed; is it not probable that the virus **or poisonous product** of the rabific microbe, itself, **apart from the quantity** of the micro-organism, **is the direct and exclusive cause of all the morbid phenomena.**

The pathological effects of Strychnine, Morphia, Alcohol, Arsenic, and of every other virulent product, organic or inorganic, are strictly proportioned to the amount of the product injected or administered.

The pathological effects of the "virus" or virulent product of such germ-diseases as have proved capable of being separated from their productive micro-organisms, such as Koch's tuberculin, the bacillary product of diphtheria and of tetanus, and of many others, are in like manner strictly proportioned to the amount of the virus employed.

They are quantitative viruses.

This quantitative relationship is absolute.

The train of morbid phenomena set up is strictly commensurate with the amount of the virulent product elaborated in the disease.

From this circumstance, therefore, it may be unhesitatingly asserted that the virulent product ultimately evolved by the rabific microbe, **and not the rabific microbe, is, per se, the cause of every form of the disease to be met with; and that without such virulent product, and suddenly secreted in the nerve centres, there never would be rabies.**

But although the virulent product evolved in the disease solely induces it, it by no means follows that the rabific microbe which elaborates this virus does not invariably accompany or precede it even to the deepest centres of the cerebrospinal axis.

Were this not so, mere change of site would make no difference whatever in the action of the toxic product or virus.

As with Strychnine, alcohol, morphia, tuberculin, all sites of infection would be equally effective.

In the monkey, the dog, and probably man, and **in the entire attenuating division of the animal kingdom, every form of rabies on transmission becomes less transmissible and progressively attenuated to extinction.**" - Dr David Sime, MD in "Rabies: Its Place Amongst Germ-diseases, and Its Origin in the Animal Kingdom", 1903.

Concerning "Rabies" as a Manifestation of Toxicity

That which the Medical Trade calls "Rabies", is a manifestation of Toxicity affecting the Central Nervous System.

This Toxicity can come from different sources, the most common one is the obvious Auto-Intoxication, from the contents of any human or animal state of the bowels, in its contents, in which there is a myriad of living organism, mainly bacteria, which feed and multiply rapidly in the case of a state of disarray of the physical body.

The greater the bacteria, the greater the amount of its excreta from same.

The excreta of the bacteria if not allowed to be swiftly removed from the body, the the toxicity of same will certainly be causing interference with all the organs of the body thorough the blood circulation, and eventually the lymphatic circulation as well.

Of all the symptoms, that such Toxicity causes to the body organs, the most notable ones are those in which it affects to Nervous System.

In such cases of Rabies and others, misleadingly calling them "Viral Cases", from a living "Virus", this is totally wrong and untrue.

In these circumstances, the produce of certain bacteria, not one specific, but of several, for it is the many and not the few that have the capacity to cause disarray in any living organism by the presence of their excreta in large amounts, then those amounts that are normal.

For these bacteria, and this is important to understand, bacteria and other microorganisms, are already co-habilitating the interior of any living body and the exterior as well.

The Role of Vaccines And Who Actually Should Produce Them

So, to cut a long story short, it is possible and desirable to have vaccines for certain types of bacteria, but not to have vaccines against imaginary so-called "viruses", for there is virulence as a quality but not actual "viruses" as a living entity.

In any circumstance, private companies should not be allowed to fabricate neither Vaccines nor so-called Medical Trade Drugs.

These if any, should be only done by organizations either charitable or governmental, but not for profit organizations, and less international multinationals.

Further more the Medica Trade and the Pharmaceutical Trade should be banned.

"In 1866, while engaged in preparing a work on Animal Plagues in general, my attention was more particularly directed to the extension of Rabies, within a certain period, to countries in which it had been previously unknown; and also to the unusual number of deaths occurring in this country, and especially in Lancashire, in that year: no fewer than 36 persons having been reported as dead in England from hydrophobia.

In 1868 the disease was assuming greater proportions among the canine species, and West Lancashire appeared to have become a centre from which it spread in various directions, until it became widely disseminated, and had attained the dimensions of a **serious epizoöty-formidable alike to mankind, as well as to the other domesticated animals.**

There can scarcely be any doubt that this prevalence and extension of rabies is largely due to the ignorance prevailing with regard to its nature, as well as to the existence of dangerous errors, which have become so deep-rooted in the popular mind through their transmission from generation to generation.

While, so far as the other domesticated animals are concerned, I am not aware that anything of any note has been done to elucidate the malady in them; and I believe no proposal has yet been made with a view to limiting or suppressing it by well-devised legislative measures, founded on an intimate knowledge of its nature.

The disease is popularly, but erroneously, designated Hydrophobia.

This term, which literally means "dread of water", is only applicable to what is sometimes a symptom of the malady in mankind the aversion to water or other liquids being but seldom, if ever observed in any of the animals affected, and it is even rare in man; besides, it is not a special or characteristic symptom when present, as a repugnance to fluids is occasionally witnessed in various affections, such as phrenitis, hysteria, gastritis, and other disorders of the human species.

The apparent dread of liquids in general is merely the result of an instinctive dislike induced by difficult and painful attempts to swallow, and this dislike is exaggerated **in man, in which the symptom is most marked-by the imagination when fluids are attempted to be swallowed, or at the sight or even thought of these, which causes spasms oi the pharynx, oesophagus, and adjacent organs.**

The designation is, therefore, and particularly with regard to the lower animals, inappropriate, and is liable to mislead and prove most dangerous ii its literal meaning be alone relied upon to distinguish the disease from other maladies.

What renders the story of this malady still more sad and alarming is the fact, that it is generally derived from the most faithful and numerous of our domestic pets and servants the dog, whose attachment to, I had almost said "veneration" for, man brings this animal at all times and everywhere to share his company, to join with him in sport, pastime, toil, or hardship, and whose motto justly deserves to be Semper Fidelis.

Mental Treatment of Rabies

The influence of mental emotions in the development of hydrophobia would appear to be almost unquestionable, and there is every reason to inquire whether the greater mortality resulting from the bites of rabid animals

in adult than in young persons may not be attributable, to some extent at least, to this cause.

The diseased mind may favour the generation and expedite the recrudescence of the mortal malady, and anything that can soothe or cure the former may aid in retarding or averting the latter.

> ***"I remain convinced that the practices or medications, whatever they may be, which address themselves to the moral of those who are the victims of rabaic inoculations, may prove very useful.***
> ***It has sometimes happened that I have caused persons who were labouring under the dread of hydrophobia to take some innocent beverage as an infallible specific; and the memories I entertain of the immense contentment it has produced, have always confirmed me in the belief that it is not good to destroy such illusions and belief, but, on the contrary, to create them."***
> *- M. Bouley*

We may even refer to the fact that the disease is not so readily transmitted as is supposed.

M. Renault, after a careful examination of the statistics of the malady in France, concluded that 2/3 at least of the individuals accidentally bitten by street-dogs, rabid or suspected, escaped the consequences, even without any treatment." - Dr George Fleming, FRGS, MAI, President of the Central Veterinary Medical Society, in "Rabies and Hydrophobia. Their history, nature, causes, symptoms, and prevention", 1872.

"To sum up the results of my experience in the treatment of rabies, I may say that I have seen some palpable cases of spontaneous recovery." *- in "The Lancet", 22 September 1838.*

Pasteur Treatment

"Soon after Pasteur had perfected the vaccine for Anthrax, which was about 1880, his attention was called to a little girl in a ward of a hospital dying of rabies.

As a result of the study that followed, Pasteur by experimenting on the lower animals perfected the vaccination method which is still used to vaccinate and protect the lives of people when bitten by a rabid dog.

As early as 1880 it was a recognized fact that drying practically destroyed the virus of rabies.

Pasteur took advantage of this fact by drying the cord of rabbits dead of rabies, over potassium hydrate thus attenuating it , and making a vaccine.

By injecting a certain portion of the cord, so treated for 14 days, under the skin, in the form of an emulsion, followed once a day with a like injection, gradually using cord less attenuated, in 21 days the person is immune from the disease and the treatment is complete." - in "Rabies", Colorado Agricultural College, July 1910.

Chapter 22

How Vaccines Destroy Animal Life

"Mrs P. Fox took her youngest dog Sheltie, then aged 2, for his booster (Vaccine) in June 1995.

By the end of the evening, he appeared to be very ill and his condition worsened over the next few days.

He was taken to the visit the vet, who confirmed that the dog was seriously ill with a temperature of 106.5°F.

Mrs Fox says that over the next few weeks it was touch and go, and the dog was referred to a veterinary college and hospitalised for 2 weeks.

After numerous tests, the Sheltie was diagnosed as having immune-mediated "polyarthritis", but it could not be proven that the Vaccine was the cause of this.

The dog can now walk for 45 minutes, but he never plays with Mrs Fox's other dogs and has great difficulty in standing up from the lying position.

Mrs Fox says:

> ***"Before his booster (Vaccine) he was a lit and active dog who loved nothing better than racing around and playing with my other dogs. The onset of his illness was so sudden following his booster that there is no doubt in my mind that the booster was the cause of it.*** *He is still far from well and under medication. I have been in touch with the Vaccine Manufacturer - so far without success - although they say they are investigating the matter."*

Mrs and Mrs M Roberts' beautiful **cocker spaniel died 1 week after having his booster injection. He was boosted on the Friday, and became ill on the Monday evening.**

He was taken to the vet on Tuesday morning, and the vet told the couple that the dog had a very high temperature and a swollen spleen.

A blood test was taken, revealing that his blood count was very low and that the red blood cells were breaking up.

The vet administered steroids.

Mr and Mrs Roberts say that the dog deteriorated very rapidly from here.

Mrs Roberts says that her dog was in a very poor state at this stage, and the couple agreed that it would he kinder to have him put down.

Although it was a terrible decision to have to make, hey didn't want to see him suffer any more.

The dog was 7 years old. He was diagnosed by the vet as having haemolytic anaemia. **The couple suggested that the booster (Vaccine) might have caused the condition, hut the vet flatly denied this.**

We know from Dr Dodds' work, and the Merck Manual that Vaccines can cause autoimmune diseases (where the immune system attacks itself).

Speaking in "Vet Med Today", the Journal of the American Veterinary Medical Association, 1995 Dr Ronald D. Schultz, a top American immunologist, slated:

> ***"Immune-mediated disease has developed in human beings following Vaccination, as was seen with cases of (Guillain-Barre Syndrome following swine flu Vaccinations, and rheumatoid arthritis following influenza Vaccination. In many cases it is impossible to show a direct connection between the damage and a Vaccine, since it is the accumulation of many antigens over many years that results in clinically evident disease."***

> ***"Autoimmune diseases may be initiated by the encephalitis that tan follow rabies Vaccination in which an autoimmune cross-reaction probably is initiated by animal brain tissue in the Vaccine." - Merck Veterinary Manual***

In fact, all sorts of Vaccines in addition to the rabies Vaccine are typically cultivated on dog, cat and monkey brains and kidneys; chick embryos, hamsters and guinea pigs - all of which can be described as 'foreign protein', which can cause an allergic reaction, autoimmune disease and encephalitis.

Further, **the Merck Veterinary Manual, confirms that modified live parvovirus Vaccines are suspected to cause autoimmune haemolytic anaemia in dogs (an autoimmune disease).**

Dr Schultz later goes on to state that, on the subject of over-Vaccinating:

> ***"The client is paying for something with no effect or with the potential for an adverse reaction. I believe that adverse effects are increasing, because we are putting more and more components into these animals." - Journal of the American Veterinary Medical Association, 1995.***
>
> *"The results of this study demonstrate that the majority of polyvalent canine Vaccines significantly suppress lymphocyte responsiveness to PHA.*
> *In certain circumstances, even a relatively short duration of suppression could become clinically significant especially if the animal was in a partially immunosuppressed condition (e.g. nutritional deficiency).*
> *This is the first report of individual Vaccine components which are not immunosuppressive by themselves causing an immunosuppression when inoculated in combination.*
> ***Thus, the results of this study may have implications for other species which receive polyvalent Vaccines." -*** *in "Effects of Vaccines on the Canine Immune System", Can. J. Vet. Res. 1989.*

Translation: Combined Vaccines (distemper plus parvo plus adenovirus plus leptospirosis plus whatever else you want to throw in there) seem to work together to suppress the immune system temporarily and leave animals and humans open to disease.

To translate for Merck, if a dog dies of an autoimmune disease, or contracts an autoimmune disease, shortly after Vaccination, there is every reason to believe that this could have been caused by the Vaccine.

At the very least, for those who would prefer to blame irresponsible breeders', **there is evidence to support the view that the Vaccine contributed to the situation.**

Despite this, many of the vets quoted in the anecdotal evidence (here and later) claimed that there was no possible link between Vaccines and autoimmune disease.

Do vets deny Vaccine damage because they haven't been taught properly, or because Vaccines represent around 40% of their practice income?

Another piece of evidence to confirm that autoimmune diseases can be initiated by Vaccines is supplied by the insert rabies Vaccine box.

This states within the Rabdomun:

> *"Because Rabdomun is produced on an established cell line, it has safety advantages over inactivated brain-origin rabies* ***Vaccines. Tissue origin Vaccines contain extraneous protein in addition to rabies antigen that can lead to autoimmune disease."***

I was put in touch with a Fellow of the Institute of Biological Sciences, a man who heads a pathology-lab.

The man, who has asked not to be named because he is frightened of upsetting his clients (vets; and thereby losing business, said:

> ***"I have seen several cases of autoimmune haemolytic anaemia, some of which ended in death.***
> ***This disease is not uncommon.***

What is striking about this disease is that it always seems to occur, in my experience, a day or so after Vaccination.
I have been in touch with the Vaccine Manufacturers, and they tell me that it is pure coincidence.
This really irritates me, because they don't say 'that's interesting, we'll have to look into this,' they just flatly deny any connection.
In my opinion, this instant denial is highly unscientific.
I expect an open mind from my scientific peers - but the Vaccine Manufacturers won't even look. ***It's all down to money****, of course.* ***You can't beat them when there's so much money involved. As for the vets, they' occasionally fill in an adverse reaction form, but you have to remember they're running a business and these forms take time.*** *Anyway,* ***the amount of time involved in an Adverse Reaction report is rarely rewarded because it only gets shelved by the Drug Company."***

"Vaccines have been implicated as a cause of Immunemediated Hemolytic Anemia (IMHA) in dogs, in this controlled retrospective study one fourth (26%) of dogs that had been diagnosed with idiopathic IMHA had been Vaccinated within 1 month of onset of illness.
Two thirds (67%) of the remaining dogs, were seen within the next year.
This temporal relationship strongly supports that Vaccination can trigger IMHA in dogs.
Although reactions are frequently reported to Vaccine Manufacturers, these companies consider this to be proprietary information and are hesitant to release such data.
Reactions can be caused by the chemical constituents of the Vaccine or the immune reaction that they induce.
Vaccination can produce local swelling and inflammation acutely, and with time, granulomatous inflammation.

In cats, Vaccination has been associated with the development of Fibro-Sarcomas.
***Vaccines have been incriminated in triggering immune-mediated hematologic disease in people. Immune-Mediated Thrombocytopenia (IMTP) has been reported in people after Vaccination against poliomyelitis, morbilli, rubella, typhus, smallpox, influenza, and pneumococcal infection. Thrombocytopenia has developed after distemper Vaccination in dogs. Vaccine-associated IMHA has been reported after diphtheria-pertussis-tetanus Vaccination in children. Similar mechanisms are proposed for Vaccine-induced IMHA as for IMTP. Surface erythrocyte binding and agglutination were seen when diphtheria and tetanus portions of the Vaccine were added to erythrocytes from healthy people and patients with Vaccine-associated IMHA. This study provides the first clinical evidence for a temporal relationship of Vaccine-associated IMHA in the dog."*- *in "Vaccine-Associated Immune-Mediated Haemolytic Anaemia (IMHA) in the Dog", The Journal of Veterinary Internal Medicine, September 1996.*

The study showed a marked difference in frequency of IMHA (also known as AIHA) **between the 1st month after Vaccination and subsequent months** which was not seen in the control group.

In short, No Vaccine Is Without Risk.

Behaviour Changes in Dogs

Mrs A Stubbs' dog, Berry, was "a gorgeous, healthy, and very intelligent puppy, and was no trouble in any way until she was inoculated (Vaccinated) at 13 weeks of age."

The day after the Vaccination, a large lump appeared at the needle site and later lengthened out down Berry's back. She appeared very unwell, with a lack of appetite, and she was very quiet.

She was taken to the vet the next day, and her temperature had risen to 105°F.

The vet administered antibiotics.

Berry lay as if dead for 4 days and then recovered.

A small lump came up a month later after her second injection (Vaccine), but it soon went down on its own.

Berry was a little listless. For a while, Mrs Stubbs says Berry seemed perfectly normal.

She then went a little moody and came into season at 6 months, rather early for a GSD.

Her short season was followed by a phantom pregnancy.

This was repeated 4 months later, and she also had strange turns'.

"When running in the wood I heard her cry out.
She crawled to me, swaying and sitting down.
I thought someone had run into her or she'd had an accident."

A few days later this strange behaviour repeated itself.

This time Berry seemed to pass out for a few seconds.

"It always seemed to happen when they had put up a rabbit or had an extra-mad run. I concluded that it was an inability to get enough oxygen. So I took her for less exciting walks."

Mrs Stubbs says that Berry has never been as trainable or sensitive as she would have expected from her breeding, or from the brief time **she knew her before inoculation (Vaccination).**

Her seasons have continued to be short and close together followed by phantoms, and 3 attempts at mating her have failed.

Berry had a booster (Vaccine) a year after her first jabs (Vaccine). There was no illness, no swelling, but 2 weeks later another session of tainting tits. One was particularly bad, lasting for half an hour. Mrs Rippard's Springer Spaniel dog was a pleasant happy puppy until she received her Vaccine Jab.

"Her behaviour became unpredictable, she would snap when stroked, even though she had come to you for a fuss. She never changed in all the years we had her. ***She had to be put down due to her behaviour. I don't blame the vet - she was doing her job. But it put me of having our present dog Vaccinated."***

We now have problem dogs'.

Dogs who can't be left in the house on their own without destroying it; dogs who are aggressive for no apparent reason; dogs who are disobedient; nervous dogs; highly-strung dogs; clingy dogs.

Dogs who are suffering from Vaccine-Induced Encephalitis: Brain Damaged dogs.

Those in their 80's can often be heard to say that dogs didn't used to be like this.

Is this true, or are these people distorting experiences from youth?

Is it the case that dog owners these days don't have a clue and are screwing their dogs up, or are dogs' minds less robust than they used to be?

A friend came to see me with her beautiful Golden Retriever. She admitted, shamefacedly, that Arthur had taken to biting my (fiend's grandchildren and other people without provocation.

She had taken him to a behaviourist who had recommended a change in diet as, he believed, the dog suffered from food allergies which were causing this behaviour.

My friend told me that Arthur had terrible skin problems that were being alleviated with the new diet.

Arthur laid down on his back and I began to rub his tummy. His legs began to paddle.

Having just finished reading a **book by Dr Harris L Coulter called, "Vaccination, Social Violence and Criminality".**

I felt sure that Arthur's problems stemmed from encephalitis induced by Vaccination: sudden unprovoked aggression, digestive disorders and hypersensitivity (a dog

with a tickly tummy = hypersensitivity) are, according to Coulter, Vaccine reactions.

This suggests that Vaccine reactions may not simply be a hereditary/genetic problem, as is often suggested by Vaccine Manufacturers, but more related to environmental factors.

It might also support the statement by Dr Ronald D. Schultz, that these reactions are a result of:

> ***"The accumulation of many antigens over many years. I believe that adverse effects are increasing because we are putting more and more components into these animals."***

Environment

The majority of respondents were UK residents.

The remaining respondents were from the USA, Canada, New Zealand and the Channel Islands. After analysing the two batches of combined data we can rule out environmental factors having any relevance to illnesses in dogs.

The risk of Vaccine reaction appears to be the same irrespective of regime - initial only annual Vaccination.

Nor are killed Vaccines any safer than modified live Vaccines.

Additional Analysis

Based on the data gained after publication of the first edition of this book, we compared the profile of the second batch of data with file first, file objective was to ascertain whether or not we had receded any different data that would indicate previous conclusions.

The second batch of data was a very close match to the first batch and statistically it can be concluded that the first and second batches of data are identical as to content.

Consolidating the two batches of data together allowed some more detailed lewis of investigation.

Significant, the rankings of different diseases and ailments following Vaccination did not change materially compared with the previous analysis.

Disease Appears 3 Months After Vaccination

In order of most significance, the following Diseases Occurred Within 3 Months of Vaccination.

Where we have large Chi scores, this tends to reflect that the disease was reported in large numbers of dogs in the survey, highlighting the fact that more dogs to study = more valid conclusions:

Ataxia - 91° o occurred within 3 months of Vaccination.

This can be caused by lesions throughout the central nervous system (Concise Oxford Veterinary Dictionary).

The previous analysis showed that, with a 95% confidence.

Ataxia was caused by Vaccines.

Additional data allows us to attribute a Chi score of 29 and, as stated previously, a Chi score of 13 gives a 99% confidence.

On which basis, without any hesitation whatsoever, we say that the most common cause of Ataxia is Vaccination.

Nasal discharges - 87% occurred within 3 months of Vaccination.

Previous analysis was 84%.

The Chi score is now 125.

Loss of appetite - 83% occurred within 3 months of Vaccination.

Previous analysis was 79.8%.

The Chi score is now 213.

Tumour or growth at Vaccine site - this has climbed from 67.9% to 81.1%. There is a Chi score of 62.

Chorea - this has climbed from 63.2% and is now 81%.

Chi score is 36.

Vomiting - climbed from 72.5% and is now 79.7% with a Chi score of 190.

Encephalitis occurring within three months of vaccination has risen from 75% to 78.6%.

The (Chi score for this is 22. It's interesting that this is a known and acknowledged Vaccine reaction, and our survey shows well above a 99% certainty that it's Vaccine related - but some other diseases which are not acknowledge as vaccine reactions show even higher Chi scores.

Diarrhoea - first interim results showed that 68% of the dogs in the survey with diarrhoea developed it within 3 months of Vaccination.

This has now risen to 78.4%.

The Chi score is 290.

Thus it is absolutely certain that Vaccines can induce diarrhoea.

Not too much of a prolific if underlying encephalitis isn't involved." - in "What Vets Don't Tell You About Vaccines", 1998.

About Corrupted Science, Corporations, Governments, And The Lies We Are Told

"When human beings lie to each other, we create the potential to make life hell on earth for the people we lie to.

In 2010, Canine Health Concern - the organisation Catherine O'Driscoll formed in the early 1990s – petitioned the UK's regulator of veterinary medicines, the VMD, to **withdraw the licenses for one-year canine Vaccines against distemper, parvovirus and canine viral hepatitis (also called adenovirus).** The VMD was asked to do this because it is now scientifically accepted that 'once immune to viral disease, dogs remain immune for years and probably for life' (World Small Animal Veterinary Association).

CHC and its supporters felt that, **by withdrawing one-year Vaccines, our dogs would no longer be over-Vaccinated with Vaccines they do not need,** and subjected to unwanted **Vaccine reactions, some of which can be life-threatening.**

At the same time, hundreds of CHC members wrote to our MPs to ask them to support this request.

No MPs took this issue up, and the VMD refused to take one-year Vaccines off the market. Why?

Why is it acceptable to give dogs, cats, horses, and even children, Vaccines they do not need, or which come with risks that potentially outweigh the diseases we are running from?

Why is this not illegal?

The Book "Tip of the Needle" is Catherine's story, because her friends who suffered are literally the tip of the needle of animal and human suffering.

It teaches us always to question the hidden agenda when it comes to animal Vaccination schedules.

It is also your story if you are a parent, or an animal guardian, or simply asking if you should take that Flu Shot.

But it is also a much bigger story – about Corrupted Science, Corporations, Governments, and the lies we are told, allegedly for our own good.

Animal and human sacrifice is an ancient ritual – but it has yet to end." - in "Catherine O'Driscoll Books", 5 December 2020.

The Scientific Frauds of Louis Pasteur As the Bases of the Medical Trade

1. In 1923, Ethel Hume exposed Louis Pasteur in the book "Pasteur Exposed", no one took notice.

2. In 1940, R. B. Pearson published "Pasteur, Plagiarist, Imposter", no one took notice.

3. In 1995, Gerald L. Geison publishes the book: "The Private Science of Louis", having gained access to Louis Pasteur laboratory notebooks, has he mentions:

> *"The Papiers Pasteur includes a meticulously preserved collection of more than 140 notebooks in Pasteur's own hand, of which more than 100 are Laboratory Notebooks recording his day-to-day scientific activities over the full sweep of his 40 years in research. Until these manuscripts are deciphered, edited for publication, and subjected to critical scrutiny, our understanding of Pasteur and his work will remain incomplete."*

Here we give some passages from the book:

"Most of the discrepancies between Pasteur's public and private science are of a sort that will come as no great surprise to working scientists, or to anyone who has been attentive to recent historical scholarship on laboratory notebooks.

For some reason, laboratory notebooks were long overlooked by historians of science, but their virtues as a strategic site of inquiry have become evident in recent years.

It is only by turning to Pasteur's laboratory notebooks that we are able to establish conclusively the nature of the vaccine actually used at Pouilly-le-Fort.

Working independently, Antonio Cadeddu and I have analyzed the pertinent notebook, and our interpretations agree on this central point: **Pasteur deliberately deceived the public and the scientific community about the nature of the vaccine actually used at Pouilly-le-Fort.**

The crucial pages, reproduced in fig. 6 (a, b, c), partly transcribed and translated in Appendixes A and B at the back of this book, come from the notebook that Pasteur labeled "lOeme cahier. Du 20 novembre 1880 au 10 avril 1882."

First, at the bottom of a page entitled "Charbon. Vaccination a Melun" and dated 26 April [1881], Pasteur added a footnote indicating that he and the Agricultural Society of Melun reached an agreement on 28 April as to the experimental protocol to be followed at Pouilly-le-Fort.

He then goes on to specify his projected modus operandi in a way that finds no echo whatever in any of his published work.

On 5 May, he writes in the footnote, the 25 sheep to be vaccinated will be injected with an anthrax culture already so "weakened by potassium bichromate" that it has become harmless to mice and then further weakened by 3 successive passages through mice.

Only a very few episodes are in question here, and two of them are so close in time and so similar in nature that it is better to conflate them into one.

Moreover, as we shall see, this "double episode" is relatively easy to explain and excuse, since it concerns "therapeutic experiments" on seemingly doomed victims of rabies and is at worst an example of deception by omission.

Instead of informing the public and the scientific community of the dramatic results of these 2 human trials, Pasteur chose to remain completely silent.

The other episodes concern the two most celebrated achievements in Pasteur's career his bold public demonstration of a vaccine against anthrax in sheep at Pouilly-le-Fort in 1881, and the first known application of his rabies vaccine to a human subject, young Joseph Meister, in July 1885.

In the first case, Pasteur deliberately deceived the public and the scientific community about the nature of the vaccine used in the experiments at Pouilly-le-Fort.

In the second case, the nature of Pasteur's deception is less clear-cut, but here too we will find some striking discrepancies between the public and private versions of the famous story of Joseph Meister.

Do scientific advance and the public welfare sometimes require scientists to tell "white lies"?

Pasteur deliberately deceived the public, including especially those scientists most familiar with his published work, about the nature of the vaccine actually used at Pouilly-le-Fort." - in "The Private Science of Louis Pasteur", 1995.

"There are two conceptions of the originating cause of disease held at the present time.

The first, is that disease is caused by an invasion from without either from germs or from other destructive forces coming in contact with a previously healthy organism.

We might paraphrase Dr Murphy's definition as follows, viz:

Disease is a morbid departure in cellular structure, tissue or organ, or the body as a whole, or a part affecting or contaminating the whole.

We believe, the germ to exist — he is ubiquitous — but at the same time, we believe with Dr Austin Flint, MD conception of the germ is the correct one, viz:

"You take away the life of the germ if you destroy, or take away the means by which it lives." - Dr A. T. Cuzner, MD, in "The Origin of Disease", The Medical Summary, 1917.

The "Magnum Opus" of Medical Science: The Germ Theory

"The "Magnum Opus" of Medical Science, the Germ Theory of the cause of disease.

The question of how bacteria conveys disease has been wrestled with almost ever since the theory was first promulgated.

The menace of disease germs has been exaggerated, or rather erroneous views as to their mode of transmission have existed.

At one time people were quarantined, if there was the slightest suspicion that they might be the means of conveying infection.

The belief that infective germs are air borne is dying if not already dead.

The opinion most prevalent is that many acute infections are conveyed by personal contact, while it is fair to assume that there are diseases which may never be associated with a specific organism as the essential cause." - Dr William Seaman Bainbridge, AM, ScD, MD, CM, New York City, Some Fundamental Causes of Disease, Dental Outlook, February 1918.

Concerning "Rabies" as a Manifestation of Toxicity

"That which the Medical Trade calls "Rabies", is a Manifestation of Toxicity affecting the Central Nervous System.

This toxicity can come from different sources, the most common one is the obvious Auto-Intoxication from the contents of any human or animal state of the bowels, in its contents, in which there is a myriad of living organism, mainly bacteria, which feed and multiply rapidly in the case of a state of disarray of the physical body.

The greater the bacteria the greater the amount of its excreta from same, the excreta of the bacteria if not allowed to be swiftly removed from the body, the the toxicity of same will certainly be causing interference with all the organs of the body thorough the blood circulation, and eventually the Lymphatic Circulation as well.

Of all the symptoms, that such toxicity causes to the body organs, the most notable ones are those in which it affects to Nervous System.

In such cases of Rabies and others, misleadingly calling them "Viral Cases", from a living "Virus", this is totally wrong and untrue.

In these circumstances, the produce of certain bacteria, not one specific, but of several, for it is the many and not the few that have the capacity to cause disarray in any living organism by the presence of their excreta in large amounts, then those amounts that are normal.

For these bacteria, and this is important to understand, Bacteria and other Microorganisms (The Microbiome), are already co-habilitating the interior and exterior of all living bodies." - Rui Alexandre Gabirro, Emunctologist, in "Viruses, The Elusive 100 Year Search for the Missing "Viruses" Or The Farce And Fraud of Virology Explained in Detail", 2024.

5-in-1 Pentavalent Vaccine Deaths

"The Pentavalent Vaccine that was introduced in India's Universal Immunization Program (UIP) in December 2011, has claimed 54 lives so far.

Five-in-one Pentavalent Vaccine, that claims to save children from 5 killer diseases i.e., Diphtheria, Pertussis, Tetanus, Hepatitis B & Hib Meningitis, has been introduced in 9 states under UIP (Universal Immunization Program) of India. Government first introduced Pentavalent in Kerala & Tamilnadu as a pilot project in 14 December 2011.

But within the first year of its introduction, 19 Infants Died Following Adverse Effects after immunization in both the states.

Such high toll & 2 PILs filed in the Supreme Court seeking ban on Pentavalent, failed to stop government from scaling up this Vaccine in another 7 states namely Goa, Haryana, Gujrat, J&K, Pudduchery, Karnataka & Delhi.

As a result, these states also started registering cases of Infant Deaths.

1. A girl child Ancy died within hours of Vaccination on 15 December 2011 in Kerala, next day of introduction of Pentavalant in TN & Kerala.

2. Within a year of this Program, from December 2011 to February 2013, 19 Children Died and 60 were hospitalized.

3. Pentavalent was inducted in Haryana's immunization schedule in December 2012 and within a month, on 9 January 2013, a Child Died shortly after receiving Vaccine in Jasaur Kheri village of Jhajhajhar district, 5 children have Died so far in the state.

4. Kashmir also reported 8 Infant Deaths from September 2012 to October 2012 which led state doctors to demand a pull back of Pentavalent from the state's immunization program. An expert team also visited Kashmir's GB Pant hospital to investigate these deaths and dismissed any role of **Vaccine in casualties.**

The team declared that the deaths were due to pneumonia and septicemia.

5. Three (3) children in Delhi, 2 in Goa, 2 in Gujrat, 5 in Haryana, 12 in J&K, 6 in Karnataka, 16 in Kerala and 8 in TN have Died in 2 years following Pentavalent Vaccination while 135 children were hospitalized.

In 2010 when the National Technical Advisory Group on Immunization (NTAGI) recommended Pentavalent's introduction in the country's health program, many public health experts criticized it.

Two of NTAGI members, a policy adviser and a bureaucrat filed a PIL in Supreme court against Pentavalent's introduction in UIP.

The PIL clearly Stated:

1. The plan to introduce Pentavalent has been chalked out ignoring Minz study that suggests that the number of Hib Meningitis cases is too low in India for government to introduce a Vaccine to eradicate it.

2. Figures obtained from countries where Pentavalent vaccine has been in use for years, show that there is no actual benefit of this Vaccine in preventing diseases.

3. Efficacy of Pentavalent is doubtful as it has many side effects and has caused deaths in many developing countries. The Vaccine is being introduced in India's UIP under WHO and GAVI's influence, ignoring facts and figures about its need in the and safety profile.

4. The government should first test its effects on children without combining it with DPT and Hepatitis B Vaccines.

Deaths Due to the Vaccination

1. Sri Lanka started use of Pentavalent in 2008, but suspended it soon after **the deaths of 5 children reported after Vaccination.**

2. Bhutan started it in 2009 and stopped its use after 9 deaths. Though Bhutan started using it again as WHO

intervened and declared Pentavalent safe, but it again caused 4 deaths. Bhutan stopped using it permanently.

3. Three children died in Pakistan soon after introduction of Pentavalent in its immunization program. A healthy child died within half an hour of Vaccination.

4. Vietnam started use of Pentavalent Vaccine Quinvaxam in 2010 and stopped its use in March 2013 after **reporting of 12 deaths** and 9 hospitalizations from October 2012 to March 2013." - Shabdkritiyan, in "After 54 Infant Deaths, Gov't Finally Admits Pentavalent Involved", 14 February 2014.

Bill & Melinda Gates Foundation Vaccine Empire on Trial in India

"In 2009, several schools for tribal children in Khammam district in Telangana, India, became sites for observation studies for a cervical cancer Vaccine that was administered to thousands of girls aged between 9 and 15.

The girls were administered the Human Papilloma Virus (HPV) Vaccine in 3 rounds that year.

The Vaccine used was Gardasil, manufactured by Merck.

It was administered to around 16,000 girls.

Months later, many girls started falling ill, and 5 of them Died by 2010, 2 more Deaths were reported from Vadodara, Gujarat, where an estimated 14,000 children studying in schools meant for tribal children were also Vaccinated with another brand of HPV vaccine, Cervarix, manufactured by GSK.

Earlier in the week, **the Associated Press reported that scores of teenaged girls were hospitalised in a small town in northern Colombia with symptoms that parents suspect could be an adverse reaction to Gardasil.**

The children also had no idea about the nature of the disease or the Vaccine.

Earlier this month, taking a serious view of the death of 7 tribal girls in the context of the observation studies, the

Supreme Court asked the Drug Controller General of India and the Indian Council of Medical Research to explain how permissions were given.

The SC bench of justices Dipak Misra and V Gopala Gowda asked the Centre to produce relevant files that pertained to the grant of licence for trial of the HPV Vaccine in India.

In March 2010 a fact-finding mission found that as many as **120 girls experienced Adverse Reactions such as:**

1. **Epileptic Seizures**
2. **Severe Stomach Ache**
3. **Headaches**
4. **Mood Swings**
5. **Early onset of menstruation following the vaccination**
6. **Heavy bleeding**
7. **Severe menstrual cramps among many students**

The standing committee pulled up the relevant state governments for the shoddy investigation into these deaths.

It said it was disturbed to find that "all the 7 deaths were summarily dismissed as unrelated to Vaccinations without in-depth investigations, the speculative causes were suicides, accidental drowning in well, malaria, viral infections, subarachnoid haemorrhage (without autopsy) etc."

The committee said that in the context of deaths of girls classified as suicide, the role of the "HPV Vaccine as a possible, if not probable, cause of suicidal ideation cannot be ruled out."

It said that **an American NGO — Program for Appropriate Technology in Health (PATH) — had carried out the studies. The committee found that the objective behind the observation studies in India primarily was to collect and record data on the effect of the Vaccines on the minor subjects. On 1 June 2006, the US Food and Drug Administration (USFDA) approved the first Vaccine — Gardasil**.

In the very same month, PATH embarked upon a large-scale, 5-year project that involved observation studies, covering Peru, Vietnam and Uganda, apart from India.

The committee observed that on 16 November 2006, a draft memorandum of understanding (MoU) between PATH and the ICMR was circulated by the latter.

> ***"To explore collaboration to support public sector decision regarding HPV Vaccine introduction in India, and to generate necessary evidence to allow the possible introduction of HPV Vaccine into India's Universal Immunization Programme."***

The study was sponsored by the Bill & Melinda Gates Foundation (BMGF).

Vaccination is a significant area of work and BMGF has projects running in almost every country that's counted as poor.

BMGF continues to partner PATH in a number of studies such as the ones for a Rotavirus Vaccine and pneumococcal Vaccine in several countries, mainly Africa and Asia.

The Wrong PATH

> ***"It is also unethical when people championing the cause of Vaccines are the same ones who are also investing in Vaccine development"*** *- V. Rukmini Rao*

BMGF has funded 2 organizations that over the past 5 years have played a significant role in the country's immunization programme and are both under fire for conflict of interest.

The organizations are GAVI (Global Alliance for Vaccines and Immunization), a global aid organization that specializes in Vaccination, and Public Health Foundation of India (PHFI), a public-private partnership society that BMGF co-founded with the UPA government in 2006.

Wrong Dose

In recent years, the deaths of many infants allegedly soon after they were immunized with the Pentavalent Vaccine, a 5 in 1 (five-in-one) shot, has contributed towards anxiety around Vaccines.

The Vaccine has been controversial in Sri Lanka, Bhutan and Vietnam, where it was temporarily suspended on account of some reported post-vaccination Deaths of Infants.

Launched in 2011 in India, Pentavalent is a combination of 5 Vaccines in 1: diphtheria, tetanus, whooping cough, hepatitis B and haemophilus influenza type b (the bacteria that causes meningitis and pneumonia).

The Vaccine created a furore after many infants from across the country were reported to have Died After the Vaccination.

The report of 3 deaths of infants in Tamil Nadu have **"a consistent causal association to immunization"**, which means **the ministry confirms that there is a connection between the Vaccination and the Deaths.**

In all, 54 cases of Deaths of Infants who were Vaccinated with Pentavalent have been classified as "Adverse Events Following Immunization", nomenclature that confirms the Deaths have Occurred Soon After Vaccination.

A recent strategy document on immunization published by the health ministry suggests doubling the expenditure on purchase of Pentavalent.

The Multi-Year Strategic Plan for the Universal Immunization Programme (UIP) makes the case that the ministry needs to double its spend on Pentavalent from Rs 312.7 crore in 2013, to Rs 773.8 crore in 2017.

The report also calls for a seven-fold increase in total spend on Vaccines, from Rs 510.6 crore to Rs 3,587.1 crore by the same year. The report was drafted by a team of immunization researchers who work under the PHFI which was **co-founded by BMGF and the UPA government as a Public Private Partnership.**

A few experts from UNICEF and WHO were also part of the team.

Interestingly, its on the basis of such multiyear plans that GAVI, also funded by BMGF, disburses grants to countries.

Recently, an additional secretary with the health ministry, Anuradha Gupta, was appointed as the deputy CEO of GAVI.

PHFI has accepted grants worth around `57.65 crore from pharma companies, including Merck Sharp and Dohme, Pfizer and Sanofi, which Manufacture Vaccines.

A report features a scenario as per which the optimistic case would be that the market would have hit a value of around $3.2 Billion in 2020, growing at 30-35% year-on-year from 2012 onwards.

"In all likelihood, there will be 5 "Mega" Vaccines of over $250 Million each in size, constituting 60% of the market, namely the anti-influenza, anti-typhoid, HPV, pneumococcal and Hepatitis A." - K.P. Narayana Kumar, E.T. Bureau, in "Controversial Vaccine studies: Why is Bill & Melinda Gates Foundation under fire from critics in India?", 31 August 2014.

*"**Researchers studying the flu Vaccine in pregnancy have found a hint of a possible link between miscarriage early in pregnancy and the flu Vaccine** in women who received a certain version of the Vaccine 2 years in a row. It's the first study to identify a potential link between miscarriage and the flu Vaccine, and **the first to assess the effect of repeat influenza Vaccination and risk of miscarriage."** - in "Miscarriages linked to flu Vaccine being administered during pregnancy in new study", The Independent, 13 September 2017.*

"A study from the UK found a 2-fold higher risk of Seizures on the day of the diphtheriatetanus toxoids-acellular pertussis–inactivated poliovirus–Haemophilus influenzae type b (DTaP-IPV-Hib) Vaccination, and a study from the United States found a 30% higher risk of Seizures on the day of the first DTaP Vaccination.

DTaP-IPV-Hib Vaccination was associated with an increased risk of Febrile Seizures on the day of the first 2 Vaccinations given at 3 and 5 months.

Among the 250 children whose first febrile seizures occurred within 0 to 7 days of Vaccination, 80 (32.0%) had a recurrent episode of Febrile Seizures, and 8 (3.2%) developed Epilepsy later in life.

Among the 7,561 children whose first Febrile Seizures did not occur within 0 to 7 days after DTaP-IPV-Hib Vaccination, 2,207 (29.2%) had recurrent Febrile Seizures and 208 (2.8%) developed Epilepsy later in life." - in "Risk of Febrile Seizures and Epilepsy After Vaccination With Diphtheria, Tetanus, Acellular Pertussis, Inactivated Poliovirus, and Haemophilus Influenzae Type b", JAMA, February 2012.

"The proof that Vaccine prevents influenza is meagre. Its use in Chicago no doubt helped to keep the people from becoming panicky." *- Dr Solomon Strouse, MD in "Proceedings of the Institute of Medicine of Chicago", 1919.*

Risks Inconsistent Results and Lack of Evidence from Influenza Vaccines

"There is strikingly limited good-quality evidence (all Grade B, C or not existing) of the effectiveness of influenza Vaccination on complications such as pneumonia, hospitalisation and influenza-specific and overall mortality.

Inconsistent results are found in studies among children younger than 6 years, individuals with Chronic Obstructive Pulmonary Disease (COPD), institutionalised elderly (65 years or older), elderly with co-morbidities and healthcare workers in elderly homes, which can only be explained by bias of unknown origin.

The immunisation of individuals who share a household with people at a higher risk for influenza complications is recommended in a few countries (Belgium, USA, WHO), but **there is little evidence of its effectiveness.**

The immunisation of health care and other care workers is recommended in many EU countries and in the USA, but again, **there is little evidence that such immunisation is effective in protecting patients.**

Jefferson et al. (2010) highlighted the lack of solid evidence of the effectiveness of influenza Vaccination on the prevention of pneumonia, hospitalisation and mortality in all age groups.

Baxter et al. (2010) estimated an adjusted effectiveness of 5% (95%CI: −1% to 11%) among those 75 years old or older.

No effectiveness of influenza Vaccination on the prevention of pneumonia in immune-competent elderly people could be found in a nested case-control study by Jackson et al. (2008) after adjusting for frailty and co-morbidities.

Especially when evidence regarding important outcomes such as hospitalisation and mortality is scarce and conflicting, two ways to deal with it emerge.

First, **if no reliable evidence can be found, no recommendation should be made.**

If efficacy against influenza has been proven, then a theoretical profit based on hospitalisation or mortality could be assumed, as these outcomes occur as a direct consequence of influenza cases.

In this case, estimating effect sizes remains guesswork." - Barbara Michielsa, et al, in "A systematic **review of the evidence on the effectiveness and Risks of inactivated Influenza Vaccines in different target groups"**, **Vaccine, 12 August 2011.**

Inactivated Influenza Vaccine Adjuvanted

Fluad Inactivated Influenza Vaccine Adjuvanted, marketed as Chiromas in Spain.

"Therapeutic indications - Active immunisation against influenza in the elderly (65 years of age and over), especially for those with an increased risk of associated complications)

Vaccine Undesirable effects

A higher incidence of mild post-immunisation reactions has been reported with Fluad compared to non-adjuvanted influenza vaccines.

Vaccine Adverse reactions observed from clinical trials

The safety of the Adjuvanted Trivalent Influenza Vaccine (aTIV) in elderly subjects was assessed in 36 clinical trials in subjects ≥65 years of age, including 19 randomized controlled trials and 17 uncontrolled seasonal studies.

This database includes 12,730 subjects, 7,532 subjects who received aTIV and 5,198 subjects who received conventional Trivalent Influenza Vaccines (TIV).

In this pooled analysis, a higher percentage of subjects who received aTIV reported both local and systemic reactions post-immunisation compared with those that received conventional TIV. These included Pain at injection site (26.1 vs 13.7%), local Tenderness (22.2 vs 12.2%), Erythema (3.2 vs 1.7%), Induration (2.5 vs 1. 2 %) and Swelling (1.6 vs 0.6%) in addition to Myalgia (11.0 vs 7.9%) Chills (5.0 vs 4.0%), Fatigue (11.3% vs 10.5%) and Malaise (6.3% vs 5.8%)." - in "Electronic Medicines Compendium", 2 July 2020.

Germany - Severe Cerebral Venous Thrombosis

"A specific form of Severe Cerebral Venous Thrombosis associated with platelet deficiency (Thrombocytopenia) and bleeding has been identified in 7 cases (as of 15 March 2021) in temporal association with Vaccination with COVID-19 Vaccine AstraZeneca. It is a very serious disease that is also difficult to treat. Of the 7 affected individuals, **3 individuals had died.** The affected individuals had ages ranging from about 20 to 50 years, **6 of the affected persons had a particular form of Cerebral Venous Thrombosis, called Sinus Vein Thrombosis.**

All 6 individuals were younger to middle-aged women.

Another case with cerebral haemorrhage in platelet deficiency and thrombosis was medically very comparable.

All cases occurred between 4 and 16 days after vaccination with COVID-19 Vaccine AstraZeneca. This presented as a comparable pattern. The number of these cases after vaccination with COVID-19 AstraZeneca is statistically significantly higher than the number of cerebral venous thromboses that normally occur in the unvaccinated population." - in "Suspension Vaccination AstraZeneca", Paul-Ehrlich-Institut, Agency of the German Federal Ministry of Health, 15 March 2021.

Italy - Manslaughter Investigation Following Death Hours After Inoculation

"The prosecutor of Biella, Italy has ordered the seizure of nearly 400,000 Oxford/AstraZeneca Vaccines and opened a manslaughter investigation following the death of a 57-year-old man hours after being inoculated." - in **"Italian prosecutor seizes batch of AstraZeneca Covid-19 jabs 'as a precaution,' launches manslaughter investigation after death"**, RT, 15 March 2021.

Italy - No Sign of Link Between Death and Vaccination was Found

"Sandro Tognatti, a 57 year old clarinet teacher who passed away on Sunday less than 24 hours after having the first dose of the AstraZeneca COVID-19 Vaccine, seems to have died due to a sudden heart problem, according to the initial findings of an autopsy, sources said on Tuesday.

No sign of a link between the death and the vaccination was found." - in "AstraZeneca: teacher died of heart problem – autopsy, Case led Piedmont to suspend use of batch of vaccines at weekend", ANSA, 16 March 2021.

South Korea - Investigates Deaths of 2 who Received COVID-19 vaccine

"South Korean authorities are investigating the deaths of two people, both with pre-existing conditions, who **died within days of receiving AstraZeneca's COVID-19 vaccine."** - in "South Korea - Investigates Deaths of 2 who Received AstraZeneca COVID-19 vaccine", Reuters, 3 March 2021.

Denmark - Woman Die After AstraZeneca Shot

"A 60-year old Danish woman who died of a blood clot after receiving AstraZeneca's COVID-19 Vaccine.

Norway said that 3 people, all under the age of 50, who had received the AstraZeneca vaccine were being treated in hospital for bleeding, blood clots and a low count of blood platelets, which were labeled "unusual symptoms" by health authorities." - in "Woman who died after AstraZeneca shot had 'highly unusual' symptoms, officials say", Global News, Canada, 15 March 2021.

Norway -After Another Health Worker Dies

"A health worker in Norway has died of a brain haemorrhage after receiving the AstraZeneca anti-Covid vaccine. This is the second such fatality within a few days in the Nordic country." - in "Norway can't 'confirm nor exclude' AstraZeneca jab connection after another health worker dies", The Local, Norway, 15 March 2021.

Spain - Death of Marbella Teacher Following AstraZeneca Vaccine

"A teacher in Marbella, Spain had no previous illnesses, went to the emergency room with a headache just a few hours after being vaccinated on 3 March.

She went to the Emergency Room a second time, but it was not until the third time, about 10 days after the vaccine, when she was given a second CT scan, that a massive brain haemorrhage was detected." - in **"Investigation into death of Marbella teacher following AstraZeneca vaccine"**, Euro Weekly, 17 March 2021.

Austria - Suspended AstraZeneca's COVID-19 Vaccine After Death of One Person and Illness in Another After Shots

"One 49 old person died, as a result of severe coagulation disorders, while another person 35 year old developed a pulmonary embolism." - in "Austria suspends AstraZeneca COVID-19 vaccine batch after death", Reuters, 7 March 2021.

Italy - Probe in 3 Deaths After AstraZeneca Covid-19 Vaccine

"AstraZeneca Italia CEO is 1 of 4 people placed under investigation as a formality in the death of **Navy Sub-Lieutenant who died 1 day after having his first COVID jab.**

In all, **3 people including a Police Officer and a Carbiniere have died after getting the vaccine in Italy."** - in "AstraZeneca CEO probed in sailor's death, **No evidence of increased blood clot risk says company**", ANSA, 12 March 2021.

Thrombocytopenia Following Pfizer and Moderna Covid-19 Vaccine

"Cases of apparent secondary immune Thrombocytopenia (ITP) after SARS-CoV-2 Vaccination with both the Pfizer and Moderna versions, 20 case reports of patients with Thrombocytopenia Following Vaccination, 9 received the Pfizer vaccine and 11 received the Moderna vaccine.

All 20 patients were hospitalized and most patients presented with petechiae, bruising or mucosal bleeding (gingival, vaginal, epistaxis) with onset of symptoms between 1–23 days (median 5 days) post Vaccination.

In summary, we cannot exclude the possibility that the Pfizer and Moderna Vaccines have the potential to trigger de novo ITP (including clinically undiagnosed cases).

Thrombocytopenia Post Vaccination is higher than that based on available case reports." - in "Thrombocytopenia following Pfizer and Moderna SARS-CoV-2 Vaccination", American Journal of Haematology, **19 February 2021**.

Disseminated Intravascular Coagulation Following AstraZeneca Covid-19 Vaccine

"Symptoms seen in at least 13 patients, all between ages 20 and 50 and previously healthy, in at least 5 countries are more frequent than would be expected by chance.

The patients, at least **7 of whom have died, suffer from widespread blood clots, low platelet counts, and internal bleeding - not typical strokes or blood clots.**

The symptoms remind Disseminated Intravascular Coagulation (DIC), in which blood clots form throughout the body, depleting its platelet supply. When the clots cause blood vessels to burst, the body is less able stop the internal bleeding, which can damage the brain or other organs." - in "'It's a very special picture.' Why vaccine safety experts put the brakes on AstraZeneca's COVID-19 vaccine", Science, 17 March 2021.

M. Pasteur's Vaccines

"It is also proved that they are of extremely uncertain strength and of equally uncertain protective value as against virulent inoculation.

Also they are far from being free from risk – **a very considerable percentage of the animals dying from the Vaccinations.**

The Hungarian Commission recommended its Government to prohibit **the use of M. Pasteur's Vaccines; and the German and English observers viewed them with no greater favour.**

Nearly all observers agree that M. Pasteur's theories regarding the etiology of the disease, and the cause of the attenuation of the virus are completely erroneous." - in "The Protective Value of Anthrax Vaccination", 1886.

"Regarding the subjects of vivisection, and Vaccination, few medical men will ever read anything on, or investigate the opposite sides of those subjects, therefore they are wholly in the dark as to the evidence presented!
One can never know how ignorant some medical men are on certain subjects, upon which they should be informed, until he makes a thorough study of the subject himself." *- in "The Starry Cross", March 1917.*

"My experiments on new-born babies disproved the correctness of the professor's deductions.

Unfortunately I could get only 3 babies to experiment upon.

These I took immediately after birth.

They were not bathed, but at once wrapped up in sterile linens and carried to my laboratory.

I inoculated these subjects with very considerable quantities of disease-producing germs." - Dr K. Menge, of the University Hospital for women in Leipsic, writing weekly in the German Medical, Nos. 46 to 48, 1894.

"If the less valuable portions of humanity can be experimented upon." *- Dr Rambaud, of the Pasteur Institute, France, letter to the "Standard, a leading English Newspaper", 24 July 1913.*

"A bodily condition of Auto-Toxemia from blood decomposition in the child's digestive tract, provides a most suitable soil in which to develop diphtheria.

But it may be developed by the inoculation of foreign concentrated animal poisons, such as that most filthy product known as "vaccine virus"; supposedly made from the sores on cattle having "cowpox."

A prominent Baltimore doctor told me that **he stopped Vaccinating children, as almost everyone he Vaccinated got diphtheria after it.**

Another doctor (Dr Allen, of Philadelphia), stated that he had never seen a fatal case of diphtheria in an unvaccinated child." - in "The Starry Cross", December 1922.

The Compulsive Lying Disorder of the Medical Trade

The Lie

"Similar sleight-of-hand tricks with the facts relating to the smallpox mortality among the combatants in the Franco – German war of 1870-71 are frequent.

The real facts are that the French army, in which Vaccination had been neglected had more than 23,000 deaths from smallpox, while the German army, being completely Vaccinated, lost only 278; and in the same tents, breathing the same air, the French wounded, were severely visited with the disease, while the German wounded, had not a single case." - in "The Sanitary Inspector", April 1899.

The Truth

"The most unblushing reference pertains to the Franco -Prussian War of 1870-71, Dr W. B. Carpenter, MD says:

> *"The French lost 23,469 from small-pox, whilst the Germans, exposed to the same infection, but efficiently revaccinated, lost only 263." - Dr W. B. Carpenter, MD*

This Fairy Tale was first mentioned in a letter written in 1883 by Dr W. B. Carpenter, to Sir Lyon Playfair, who triumphantly reproduced it on 19 June 1883, with great effect in the House of Commons. The French War Office was promptly communicated with, and an official answer was received to the effect that there were No Medical Statistics in existence for the period of the war 1870-71." - in "Journal of Zoophily", May 1917.

"Deliberate self-poisoning is the most common method of suicide in Veterinarians, accounting for 76% and 89% of suicides, respectively, compared with 20% and 46%, respectively, in the general population. ***Veterinarians and Pharmacists have the highest proportions of suicides using this method for all occupational groups; medical practitioners also have an increased risk of this specific method of suicide."*** *- in "Veterinary Surgeons and Suicide: a structured review of possible influences on increased risk", Veterinary Record, 27 March 2010.*

"The rate of suicide in the Veterinary profession has been pegged as close to twice that of the Dental profession, more than twice that of the Medical profession, and 4 times the rate in the general population." - in "Suicide in veterinary medicine: let's talk about it", Canadian Veterinary Journal, January 2015.

"According to a study published in the Journal of the American Veterinary Medical Association (JAVMA) in 2019, ***Veterinarians in the United States are 3 to 5 times more likely to die by suicide than the general population.*** *Approximately 80% of all Veterinarians suffer from clinical depression at some point, and about* ***50% report feeling unhappy in their careers."*** *- in Silent Suffering: The High Rate of Suicide in Veterinarians", Psychology Today, 17 November 2023.*

"Doctors are dying by suicide at higher rates than the general population. Somewhere between 300 to 400 physicians a year in the US take their own lives, the equivalent of one medical school graduating class annually.

Surgeons have some of the highest known rates of suicide among physicians. Of 697 physician suicides reported to the CDC's national violent death reporting system between 2003 and 2017, 71 were surgeons.

Many more go unreported." - in "US Surgeons are killing themselves at an alarming rate", The Guardian, 26 September 2023.

"The small-pox epidemic of 1872, 1873, and 1874.

The report from the head physician, Doctor Kellor, is as follows:

> ***"Of children under 1 year old the mortality of the Vaccinated was 48%, of the unvaccinated 45%. Of children between 1 and 2 years the Vaccinated died at 46%, the unvaccinated at 41%.***
> *In Birmingham, from 1871 to 1875, there were 1,270 deaths of people from small-pox,* ***of whom 840 had been Vaccinated.***
> ***Of those who died of small-pox during the last epidemic, more than 80 out of every 100 had been Vaccinated.***
> ***Knowledge of the failure has not made the slightest difference. When, 97% of Londoners are Vaccinated, yet small-pox makes deadly outbursts there."*** *- Professor F. Newman*

The Pall Mall Gazette, April 1877, **records 3 cases of small-pox amongst nurses who had not only been Vaccinated, but Revaccinated."** - H. Strickland Constable, in "Fashions of the day in medicine and science a few more hints", 1879.

Vaccine Reactogenicity

"Because of concerns over increased Vaccine Reactogenicity in older persons, Adults Have Not Been Offered Vaccine Booster doses." *- in "Bacterial Toxins and Virulence Factors in Disease", 1995.*

"In death certificates given by us voluntarily, and to which the public have access, it is scarcely to be expected that a medical man will give opinions which may tell against or reflect upon himself in anyway. In such cases he will most likely tell the truth, but not the whole truth, and assign some prominent symptom of disease as the cause of death. As instances of cases which may tell against the medical man himself, I will mention erysipelas from vaccination, and puerperal fever. A death from the first cause (vaccination) occurred not long ago in my practice, and although I had not vaccinated the child, yet, in my desire to preserve vaccination from reproach, I omitted all mention of it from my certificate of death." *- Dr Henry May, MRCS, Medical Officer of Health, Birmingham Medical Review, p. 34, 35, January 1874.*

"Dr Drake, Springfield, referring to the question of source and the recommendation of typhoid Vaccine, cautioned against too much reliance upon typhoid Vaccination.

Any person with a gross infection of typhoid, Vaccination will not always protect, **40 cases of typhoid developed in this state where the persons had received an anti-typhoid Vaccination several months previous.**

We believe also that if we encourage the public to rely too much upon the anti-typhoid Vaccination, **that we are developing a disregard for all the sanitary precautions.**

Ferguson said, concerning typhoid Vaccination, that in the Old Salem epidemic, **one man was ailing 46 days before he finally went to bed with typhoid.**

He had been inoculated not quite a year before.

In a recent epidemic at Pana, there are at least 2 people that have been inoculated against typhoid that are sick with it." - in "The Illinois Medical Journal", October 1916.

"Cancer was practically unknown until Compulsory Vaccination with cowpox Vaccine began to be introduced.
I have had to deal with 200 cases of cancer, and I never saw a case of cancer in an Unvaccinated person." *- Dr W.B. Clarke, MD, 1900's*

"My honest opinion is that Vaccine is the cause of more disease and suffering than anything I could name.

I believe that such diseases as cancer, syphilis, cold sores and many other disease conditions are the direct results of Vaccination.

Yet, in the state of Virginia, and in many other states, parents are compelled to submit their children to this procedure, while the medical profession not only receives its pay for this service, but also makes splendid and prospective patients for the future." - Dr Henry R. Bybee, MD of Norfolk, Virginia, 1900's

"In recent years many men and women in the prime of life have dropped dead suddenly, *often after attending a feast or a banquet.*
I am convinced that some 80% of these deaths are caused by the inoculation or Vaccination *they have undergone.*
They are well known to cause grave and permanent disease to the heart.
The coroner always hushes it up as "natural causes"." *- Dr Herbert Snow, MD, senior surgeon, Cancer Hospital of London, 1900's*

"The Vaccination practice, pushed to the front on all occasions by the medical profession through political connivance *made compulsory by the state,* ***has not only become the chief menace and the greatest danger to the health of the rising generation, but likewise the crowning outrage upon the personal liberties of the American citizen;*** *compulsory Vaccination, poisoning the crimson currents of the human system with brute-extracted lymph under the strange infatuation that it would prevent smallpox, was one of the darkest blots that disfigured the last century." - Dr J. M. Peebles of San Francisco, MD in "Biology Pamphlets", Vol. 84, 1936.*

Why Doctors Who Vaccinate Should Abandon The Practice

"The inoculation superstition was the chief medical delusion of the 18th century.

With few exceptions medical men of that period defended smallpox-inoculation, and held it up to public attention as the great desideratum for the common welfare.

The practice of this horrible medical doctrine **sent multitudes of victims to untimely graves, and permanently impaired the health of other multitudes.**

Yet, vicious as the practice of inoculation proved to be, it was superseded at the hands of Edward Jenner by a fallacy quite as monstrous; so that the 19th century, notwithstanding its boasted civilization and its much vaunted scientific acquirements, was nearly as much cursed by the old-school doctors as was the 18th.

The modern leaders in the Vaccination movement must be perfectly aware that the cow-pox practice stands condemned, although they appear to have no idea of surrendering it.

Perhaps it would be expecting too much from human nature to imagine that all doctors who have been accustomed to derive large revenues from the cow-pox practice will discard this lucrative enterprise even after they have been made fully aware of its utter uselessness, as well as of its pernicious effects on the lives and health of the rising generation.

Nevertheless, I shall devote this essay to the presentation of some reasons **why I believe that physicians who Vaccinate should abandon the practice.**

For the reasons which follow **I am induced to believe that no intelligent physician who has taken the pains to inform himself on this subject can conscientiously perform the vaccination-rite:**

Because, there is on record abundant and positive proof that Vaccination has been a complete failure as a preventive of smallpox in every country in which it has been practiced and the results recorded.

I have been unable, after a thorough and careful search in medical literature, to find a scintilla of evidence worthy of the name to show that Vaccination has ever protected a single human being from smallpox except by killing him.

It is my firm conviction, **based on a comprehensive study of smallpox statistics, gathered from every quarter of the globe, that the deceased victims of vaccination are the only persons of whom it can be truthfully affirmed that vaccination "protected" them from smallpox.**

By a century's dearly bought experience Vaccination has been proven to be not only useless as a preventive of

smallpox, but it has also been shown to be the cause of many thousands of deaths.

Healthy children have been its principal victims.

Prof. Alfred Russel Wallace, LL.D., F.R.S., an accomplished statistician, and one of the ablest scientific men of England, in his last great work entitled, "The Wonderful Century," has devoted a chapter to the discussion of Vaccination.

Prof. Wallace has made a very exhaustive study and analysis of the statistical problem as it relates to Vaccination and smallpox.

Under the caption, ''**Vaccination a Delusion — Its Penal Enforcement a Crime",** he has devoted more than one hundred pages to a careful consideration of the most trustworthy statistics on a large scale relating to these subjects.

In the preface of the Book "The Wonderful Century", Prof. Wallace says:

"The Vaccination question has been discussed at the greatest length for several reasons.

It is the only surgical operation that, in our country, has ever been universally enforced by law.

It has recently been inquired into by a Royal Commission, whose majority report is directly opposed to the real teaching of the official and national statistics presented in the detailed reports.

The operation is admittedly the cause of many deaths, and of a large, but unknown, amount of permanent injury.

The only really trustworthy statistics on a large scale **prove it to be wholly without effect** as a preventive of smallpox.

Many hundreds of persons are annually punished for refusing to have their children Vaccinated; and it will undoubtedly rank as the greatest and most pernicious failure of the century.

I claim that the evidence set forth in this chapter demonstrates this conclusion.

It is no longer a question of opinion, but of science; and I have the most complete confidence that the result I have arrived at is a statistical, and, therefore, a mathematical certainty."

In concluding this chapter of "The Wonderful Century," Prof. Wallace sums up his case in the following words:

"I'venture to think that I have here so presented the best of these statistical facts as to satisfy my readers of the certain and **absolute Uselessness of vaccination as a preventive of smallpox; while these same facts render it in the highest degree probable that it has actually increased susceptibility to the disease.**

The teaching of the whole evidence is in one direction.

Whether we examine the long-continued records of London mortality or those of modern registration for England, Scotland, and Ireland; whether we consider the "control experiment" or crucial test afforded by unvaccinated Leicester, or the still more rigid test in the other direction of the absolutely revaccinated Army and Navy, **the conclusion is in every case the same: That Vaccination is a gigantic delusion**; that it has never saved a single life; but that **it has been the cause of so much disease, so many deaths, such a vast amount of utterly needless and altogether undeserved suffering that it will be classed by the coming generation among the greatest errors of an ignorant and prejudiced age, and its penal enforcement the foulest blot on the generally beneficent course of legislation during our century."**

Another argument I offer in support of my contention that physicians are not justified in vaccinating, is the fact that there is not a particle of proof on record to warrant the belief that the severity of an attack of smallpox has ever been mitigated because of the fact that the smallpox patient had been previously Vaccinated.

By a study of the records of variolous epidemics we learn that hundreds of thousands of smallpox patients have perished of the confluent form of variola, while the plainest Scars of the Vaccinator's lancet were in evidence on their bodies.

Physicians, I believe, should abandon the Vaccine operation because it is known to be the means whereby thousands of healthy children are killed every year, as shown by mortuary statistics.

From a sworn statement of the Registrar General of London, England:

> ***"In the city of London an average of 200 children die annually from disorders initiated by the lancet of the Vaccinator."***

The large number of fatalities from tetanus following Vaccination in children which have been recently reported as having occurred in several American cities tends to confirm the prevalent belief that the dangers attendant on **the Vaccine operation are, at times, more fatal than the disease which it is supposed to prevent.**

There is recorded in medical literature ample proof of the most positive character that Vaccination has been the means of disseminating some of the most fatal and loath some diseases, among which are leprosy, cancer, syphilis, tetanus, tuberculosis, and erysipelas.

The cow-pox practice has, indeed, proved itself to have been one of the surest and most direct means of making all forms of "pox" perpetual.

The absurd dogma which assumes to conserve health by propagating a zymotic disease is at variance with all established knowledge.

The cow-pox delusion was conceived in ignorance and born of superstition — a dairy-maid's whim borrowed by Jenner and palmed off upon the credulity of the medical profession as a never-failing preventive of smallpox.

The next reason I shall offer in support of my assertion that no intelligent and well-informed physician can conscientiously practice Vaccination, is the fact that the doctor has no means of judging the quality of the Vaccine stock used.

Vaccine is now wholly a commercial product.

The family physician is simply a "middle-man" between the Vaccine dealer and the Vaccinated, conveniently and adroitly shunting onto the former any ill-effects which may appear in the latter.

Millions of Vaccinations are made every year while nobody knows what they are made with.

The whole cow-pox practice is a haphazard game of chance in which the Vaccinated take the chances while the doctors take the fees.

The medical profession of today buys its Vaccine matter, under a variety of names, from those who make merchandise of it, on the simple dictum of the manufacturer that his particular brand of "lymph" is the right thing to use.

At the time of inserting Vaccine — a disease-produced matter, miscalled "lymph"— into the healthy child's body the physician has no means of knowing what the result will be.

Whether tetanus, erysipelas, cow-pox or a negative result will follow he is unable to tell until after the result of the experiment has made itself manifest in the child's system.

Dr M. R. Leverson of Brooklyn, N.Y., a physician who has devoted a great deal of time and study to the investigation of matters pertaining to Vaccination and smallpox, has submitted to the medical profession the following proposition:

> ***"I will pay $1,000 dollars to anyone who will explain what it is that is put into the blood of the Vaccinee when he is Vaccinated."***

Evidence on record in medical literature justifies the belief that the Vaccinator is a public malefactor, because he confesses himself **a menace to health by his practice of intentionally diseasing healthy people under the pretence of preventing disease.**

The avowed purpose of the vaccinist is to inoculate into the bodies of healthy human beings the acute contagious disease called vaccinia, or cowpox, which is one of the zymoses.

If the Vaccinator succeeds in converting the healthy person operated upon into a diseased person he pronounces the Vaccine operation "successful," and claims that the person is "protected."

Let us briefly examine the nature and extent of this alleged "protection" and the effects of this disease which, under the plea of sanitation, is want only thrust into the bodies of millions of healthy children.

It is generally conceded by pathologists that the Vaccine disorder (vaccinia) is as truly a disease as is measles, smallpox, or typhoid fever.

It is also a well-attested fact that convalescents from one of the zymotic diseases are prone to contract any other that may be prevalent at the time.

For instance, a patient weakened by scarlet fever is likely to take diphtheria if the latter is about, and vice versa.

It seems to be a reasonable conclusion, based on observation and experience, that the effects of the vaccine disease diminish the resisting powers of the individual operated upon and thus tend to render him more susceptible to the disease it professes to prevent.

The results arrived at by Prof. Wallace in his study of smallpox statistics, on "The Wonderful Century" he says:

> ***"These same facts rendor it in the highest degree probable that Vaccination has actually increased the susceptibility to smallpox."***

The vaccinal abrasion is also a source of serious danger.

The puncture of the vaccinator's lancet, by destroying the integrity of the epidermis — nature's barrier against absorption of poisons — opens one of the most fatal avenues through which septic poisons gain admission to the circulation.

Through the agency of the Vaccine lancet children, in particular, are thus exposed to infection by the tetanus bacillus, as well as to that of any other infective agency which may prevail, including smallpox contagion during epidemics of that disease.

Vaccination being more generally enforced during epidemics of variola, infection through vaccinal abrasions offers another explanation of the fact that the susceptibility to smallpox is increased by vaccination, especially during the prevalence of epidemics.

Establish the fact that small pox, like the other zymoses, originates in, or is propagated by, unsanitary modes of life, and can only be effectually subdued by removing the cause. Variola is a filth disease.

All the world over the occurrences of its most destructive epidemics have coincided with periods of sanitary neglect.

Sanitation, not vaccination, is its antidote.

The experience of unvaccinated Leicester proves that all that is needed to avert epidemics of this loathsome disease is uniform obedience to hygienic and sanitary laws.

Under the benign influence of sanitary intervention this filth-disorder loses all of its terrors, and Vaccination becomes a mockery.

The propagation of the Gloucestershire tradition has exerted a powerful influence in retarding the progress of the evolution of hygiene and sanitary science, as related to this disease.

Teaching the people to rely on Vaccination for "protection" from smallpox has tended to encourage the sloth and carelessness to which ordinary humanity is prone.

The practice of Vaccination is now regarded by many of the foremost sanitarians of the world as an irrational attempt

to cheat outraged nature — a futile effort to avoid a zymotic disease without getting rid of the conditions of uncleanliness out of which it springs, and by which it is propagated.

The practice of Vaccination is opposed to the whole teachings of hygiene and sanitary science.

It is one of those terrible medical blunders, like inoculation, bleeding, and mercurial salivation which, in their far-reaching evil consequences, have cursed humanity.

Once committed to an error it is amazing with what mulish conservatism the medical profession will continue to cling to it.

Another count in the indictment against the Vaccine practice is found in the fact that the perpetuation of the cow-pox disorder has done much to promote the poison plague which is infesting the homes of civilization in the form of ever-multiplying quack drugs and patent medicines. Instead of being taught by their family physicians to promote health and ward off disease by attention to cleanliness, ventilation of dwellings, exercise in the open air, and the observance of general hygienic habits of life, millions of people are encouraged to rely on anti-natural remedies, and thus come to believe that health can be sold and bought across the drug-store counter.

Vaccination is on trial at the bar of Justice.

Before the assaults of scientists the Vaccine idol is sure to fall and pass into the limbo to which inoculation and other kindred medical delusions have been relegated.

The ever-increasing intelligence which characterizes the present era of thought and profound research is bound to damn drastic drugs and abolish the irrational and permicious practice of propagating a zymotic disease in the name of sanitation.

The efforts of sanitarians have not been unfruitful.

In reviewing the progress of medical history of the 19th century it is found that the saving of human life was almost entirely due to diminished mortality from causes whose destructive activity is especially amenable to sanitary intervention — namely, the so-called zymotic diseases.

While I am aware that very few physicians, comparatively, are outspoken in their views regarding vaccination, I should nevertheless consider it an insult to the intelligence of the medical profession, here at the dawn of the 20th century, to doubt that thousands of physicians who have not yet openly abandoned the cow-pox practice have long ago lost all faith in the value of this irrational procedure, and have quietly dropped it from their private lists of reliable prophylactics.

It is a significant fact which needs no comment that a very large number of physicians no longer consider it necessary to subject themselves or their families to the Vaccination rite, even during the prevalence of smallpox cases in their own vicinity.

There are in our own state of New York several thousand physicians who could not be coaxed or bribed to pollute the blood of a healthy child with cow-pox." - Dr J. W. Hodge, MD, New York, in The Medical Advance", March 1902.

Act To Prohibit Compulsory Vaccine

"An Act To Prohibit Compulsory Vaccine.

Sec. 1. It shall be unlawful for any board of education, board of health, or any public board acting in this state, under political regulations or otherwise, to compel by resolution, order or proceedings of any kind, the Vaccination of any child or person of any age, by making Vaccination a condition precedent to the attending of any public or private school, either as pupil or teacher." - in "Bill No.8", Senate of the Commonwealth of Massachusetts, 1909.

Vaccination Is Associated with Autism Spectrum Disorder And Other Neurodevelopmental Disorders

"Studies comparing Vaccinated and Unvaccinated children have reported that the Vaccinated Are Significantly More Likely than the Unvaccinated to be Diagnosed with:

1. Bacterial Infections
2. Allergies
3. Neurodevelopmental Disorders (NDDs)

The objective of this study was to determine the association between Vaccination and Neurodevelopmental Disorders in 9-year-old children enrolled in the Medicaid program.

Results - The analysis of claims data for 47,155 9-year-old children revealed that:

1. Vaccination Was Associated with Significantly Increased odds for all measured Neurodevelopmental Disorders;

2. Among children born preterm and Vaccinated, 39.9% were Diagnosed with at least one Neurodevelopmental Disorder compared to 15.7% among those born preterm and Unvaccinated;

3. The risk of Autism Spectrum Disorder Increased according to the number of Visits that included Vaccinations. Children with just 1 Vaccination visit were 1.7 times More Likely to have been Diagnosed with Autism Spectrum Disorder than the Unvaccinated, whereas those with 11 or more visits were 4.4 times more likely to have been Diagnosed with Autism Spectrum Disorder, than those with No Visit for Vaccination.

Conclusions - These results suggest that the current Vaccination Schedule may be Contributing to Multiple Forms of Neurodevelopmental Disorders; that Vaccination coupled with preterm birth was strongly associated with increased odds of Neurodevelopmental Disorders compared to preterm birth in the Absence of Vaccination; and Increasing Numbers of Visits that included Vaccinations were Associated with Increased Risks of Autism Spectrum Disorder." - in "Vaccination and Neurodevelopmental Disorders: A Study of Nine-Year-Old Children Enrolled in Medicaid", Science, Public Health Policy and the Law, 23 January 2025.

Intestinal Inflammation

"In 1995, mothers started calling me and saying my child was absolutely normal, and then they had a triple Vaccine MMR (measles, mumps, and rubella), and they regressed into Autism. I said, I know nothing about Autism. I am a gastroenterologist. How can I help?

And they said:

> ***"My child has terrible GI problems, diarrhea, wasting, failure to thrive. They're in pain. I know they're in pain. They've lost the ability to speak. But as their mother, I know they're in pain. And, every doctor I've spoken to has dismissed this and sent me away."***

And so we investigated this. And as is always the case in medicine, the parents were right. The children had Intestinal Inflammation. When we treated that, not only did it heal the Intestinal Inflammation, it made the Autism better. And so we pursued the Vaccine issue, and against a lot of pushback from my colleagues and the medical school and heavy investment from Pharmaceutical Companies, it turned out to be absolutely right.

Right to the extent that when the CDC investigated it later, as we reported in the film Vaxxed, they found the data so compelling that linked MMR Vaccine to Autism, they had to destroy the data and to produce a paper that said something completely different. One of their senior scientists, came forward 14 years later and said:

> ***"We have done a terrible thing. We have lied, and we have put millions of children at risk of serious permanent Neurological Injury, and nothing happened."***

And that was what made me so angry at the time, and I thought there is no accountability." - Dr Andrew Wakefield, MD, 2025.

The Most Profitable Thing Today in America is a Sick Child

"The Most Profitable Thing Today in America is a Sick Child. Everybody's making money, the Hospitals are making money, the Pharmaceutical Companies are making money, even the Insurance Companies make money." *- Robert F. Kennedy Jr, US Presidential Candidate, in "FOX News", 25 August 2024.*

"Sunlight is a very Powerful Disinfectant for Malodorous Health Policy. The onus is now on the Chief Medical Officer and the Health Secretary to justify not suspending the most horrific Medical Product in the history of the world. What will most likely turn out to be a Crime Against Humanity." *- Dr Aseem Malhotra, MD, Surgeon, British Cardiologist, in "Twitter", 13 December 2024.*

There Will Be Justice When Those Who Are Not Injured Are As Outraged As Those Who Are

"That city, in which those who are not wronged, no less than those who are wronged, exert themselves to punish the wrongdoers". *- Plutarch in "The Life of Solon", The Parallel Lives, tr. B Perrin*

"We have got to figure out a way to overcome the anti-Vaccine sentiments. Look at what's happened now with these new boosters. So last year, there was a bivalent booster that came out. Fewer than 20% of Americans got that." *- Dr Peter Hotez, MD, in "12 News", 9 May 2024.*

"God will never fault you for doing the right thing. Fault will be found in not doing anything, despite the ability, knowledge, and ability to do otherwise." *- Dr Andrew Moulden, MD*

"Universal hepatitis B Vaccination was recommended for U.S. newborns in 1991; however, safety findings are mixed. The Association between hepatitis B Vaccination of male neonates and parental report of Autism Wiagnosis was Determined. The results of the study indicate that U.S. boys Vaccinated as neonates had threefold greater odds for Autism diagnosis, compared to boys Never Vaccinated, or vaccinated after the first month of life. Findings suggest that U.S. male neonates Vaccinated with the hepatitis B Vaccine prior to 1999 had a threefold higher risk for parental report of Autism diagnosis compared to boys Not Vaccinated as neonates during that same time period." *- in "Hepatitis B vaccination of male neonates and autism diagnosis, NHIS 1997-2002", Journal of Toxicology and Environmental Health, 2010.*

Vaccines and Heart Inflammation

"Journalist - A new study sounding alarms about the safety of Covid mRNA Vaccines, directly challenging claims from public health officials and raising urgent questions about transparency and trust.

Using hard data from disease trends, from patient outcomes and immune system analysis, multiple research reports show that Heart Inflammation risks tied to the Vaccines may be far greater, and and maybe even more dangerous than previously reported. Independent Medical Alliance, senior fellow of Pediatric Cardiology Dr Kirk Milhoan, MD.

This new study about the safety of Covid mRNA Vaccines published in the International Journal of Cardiovascular Research and Innovation; “Myocarditis after SARS-CoV-2 infection and COVID-19 vaccination: Epidemiology, outcomes, and new perspectives”, 20 March 2025.

Dr Kirk Milhoan, MD - It's a compilation of studies that really have been out there since 2021.

We saw a signal in the Vaccine product causing problems, causing heart inflammation.

We have been able to evaluate and primarily there was a great study out of the Nordic countries that studied 23 Million children and young adults and they found that the people who had the young the least amount of myocarditis, were the unvaccinated, and as you increased the number of Vaccine doses or you used Moderna versus Pfizer, your risk just kept stepping up, in terms of your risk for myocarditis.

There was a study out of Lancet that showed and looked at all these children who had been harmed by the Vaccine and received and had myocarditis secondary to the Vaccine and they looked at them 90 days out and a lot of things remain normal except their cardiac MRI which showed and continued inflammation and possible scarring of the heart itself 90 days out.

Further studies, a a new study released by Yale said that they're still seeing free floating spike protein, which is what that Vaccine asked the body to make, which is a cardio-toxin still floating around in the body for over 700 days.

For certain people, it is devastating and long-term issues for a disease process that they had very little risk for.” - in “The National Desk News”, 5 May 2025.

"Evidence presented in this paper suggests a possible link between susceptible children receiving a battery of Vaccinations and Developing Autism or speech disorders. Although Hg has been removed from many childhood Vaccines, other ingredients could Link Vaccines to Autism. Aluminum, which is found in at least 20 U.S. childhood vaccines, is not only a Neurotoxin, but also an immunosuppressant that may allow measles-containing Vaccines to create cytokines that Damage the Brain. Enhanced exposure to Aluminum via Vaccines may be Associated with an Increase in the Prevalence of Neurological disorders such as Autism, especially if an Aluminum-containing Vaccine is administered along with a measles containing Vaccine. Reducing thimerosal and observing an Increase in Autism exonerates neither thimerosal nor Vaccines from being potential links to Autism." *- in "A Positive Association found between Autism Prevalence and Childhood Vaccination uptake across the U.S. Population", Journal of Toxicology and Environmental Health, July 2011.*

The Decline of Infectious Diseases

"Do Vaccines protect us from the disease for which they are given?

This question might seem absurd on the face of it, given the near disappearance of many infectious diseases for which Vaccines are given credit. A closer look, however, at the effectiveness of Vaccines, as well as a look at some of the methods of gathering and interpreting statistical data, reveals some interesting discrepancies.

Are Vaccinations primarily responsible for the decline of infectious diseases?

Actual statistics and records from around the world show that infectious diseases, for example, smallpox, diphtheria, whooping cough, and scarlet fever began to disappear long before immunizations ever came on the scene.

According to the World Health Statistics Annual, 1973-1976, Vol. 2, there has been a steady decline of infectious diseases in most "developing" countries regardless of the percentage of immunizations administered in these countries.

It appears that generally improved conditions of sanitation are largely responsible for preventing "infectious' diseases."

Are Immunizations Effective?

What about the decline in tuberculosis, chickenpox, scarlet fever, typhus, typhoid, and the plague for which there are no routine immunizations?

A number of researchers, including distinguished biologist Rene Dubos, have pointed out that infectious diseases disappeared as the result of sanitation and public water supplies.

Other researchers have included improved personal hygiene and better distribution and increased consumption of fresh fruits and vegetables.

When Dr Jonathan Miller was interviewed on the Dick Cavett Show (4 February 1981), he pointed to improved ventilation and drainage, along with nutrition, as being the primary determinants responsible for the decline in the death rate.

(He also said that in the past 50 years modem medicine has made such an insignificant contribution to human health and longevity that the enormous expense incurred for developing and administering treatments was hardly worth it)

An article with the droll title “Mumps” the Word But You Have Yet Another

Vaccine Deficiency" appeared in the Australasian Nurses Journal in June 1981 in which Dr Glen Dettman, and Dr Archie Kalokerinos discuss not only the new mumps Vaccine being promoted but the efficacy of all Vaccines.

Besides pointing out that 90% of the so-called killer diseases had all but disappeared when immunizations were introduced on a large scale, they say that since the introduction of routine immunisations we now have an ever alarming increase of degenerative diseases and maladies, but worse still, the diseases we are supposed to be protected from still occur, probably in larger numbers than we might have expected them to, had we simply allowed the declining disease rate as exemplified by the graph to continue.

The doctors also point to an editorial that appeared in Lancet (12 January 1980) which states that the BCG (bacille Calmette-Guerin) Vaccine (tuberculosis Vaccine) was a failure and that there was a greater incidence of tuberculosis in the vaccinated.

In another article, these same doctors mention that in their own country of Australia where tuberculosis Vaccinations were given, some of the strain of bacteria mutated, killing around 600 children.” - in “Immunization: The Reality Behind the Myth”, 1995.

Twins Die Soon After Vaccination

1946

"Deaths related to the injection of foreign protein by 1942, Kojis was able to find 61 such deaths, and 4 more from the Willard Parker Hospital.

On 19 June 1945, the death of identical twins after a second injection of diphtheria toxoid and pertussis antigen, alum precipitated, was reported for investigation.

After the second immunizing injections, both infants cried considerably on reaching home; they vomited and consumed excessive amounts of water.

They then "fell asleep" and when next noticed by their parents appeared "lifeless."

At autopsy both twins were well nourished and well developed.

Heart sections showed focal necrosis of muscle, more accentuated beneath the epicardium and endocardium. Constricted lumens, edema and necrosis of some arterial walls were observed, as were swelling and some proliferation of the endothelium. Identical twins died in delayed anaphylactic shock.

The widespread occurrence of lesions referable to arterial spasm and increased endothelial permeability contribute further evidence to the basic role of vascular injury in,the hypersensitive state.

Deaths following the intravenous injection of typhoid Vaccine have been recorded." - in "Fatal anaphylactic shock; occurrence in identical twins following second Injection of diphtheria toxoid and pertussis antigen", Journal of the American Medical Association, 29 June 1946.

1985

"In 1985 twin boys simultaneously succumbed to sudden unexpected Deaths 2 to 3 hours after Vaccination with diphtheria, tetanus, and pertussis Vaccine (DTP)." *- in "Vaccination and cot deaths in perspective", Arch. Dis. Child., July 1987.*

2025

"On 1 May 2025, Dallas and Tyson, 18-month-old twins, were found Dead by their mother after receiving the Hepatitis A, flu and DTaP Vaccines on 23 April 2025.

The pediatrician told the babies would be OK, and had nurses give the twins the shot.

The twins also received the Hepatitis A Vaccine and the DTaP (diphtheria, tetanus, pertussis) Vaccine.

One week later, 1 May 2025, the mother found the babies dead in their bed after passing away in their sleep." - in "Twin Babies Die a Week After Receiving 3 Vaccines", The Defender, 23 May 2025.

Death After Vaccination

"Death after Vaccination has been reported to the CDC by doctors who have determined the vaccine is the cause of death in nearly 20,000 victims, and this is likely under-reported 30-fold. I have examined hundreds of patients with vaccine myocarditis or heart damage resulting from the mRNA and Spike protein in the heart muscle.

Early in 2021 the CDC and FDA delayed issuing a Health Alert Network (HAN) advisory on serious myocarditis resulting in hospitalization, impeding informed consent and risk mitigation. I am deeply concerned about a much larger subclinical myopericarditis

problem manifested by chest pain, palpitations, blood pressure instability, and heart rhythm problems which persist for months to years after the shots.

When small patches of Vaccine heart inflammation occur, it can be silent, leading to presentation with abnormal heart rhythms, cardiac arrest, or heart failure.

I have presented at the FDA advisory meetings. I've advised companies for decades on this.

So, I know the regulatory science very well.

When a product definitely results in death, and there are thousands of peer-reviewed papers on this, the COVID Vaccines in some people sadly result in death.

Some on the very first day they take the shot.

That must be a blackbox warning on the product immediately.

I just checked the package inserts for the currently available products, our FDA still wants them to be administered.

They still don't have the word death in the package insert. As of today, they don't. And so Americans are not fairly informed. The best data are autopsies.

So, in the largest autopsy series published to date - I know because I'm the senior author, and of all the death we deaths we examined and we we re-reviewed them. We had an adjudication committee. We had ways of arbitration deciding on did the Vaccine cause death.

The answer is of these cases that came in for autopsy after Vaccination 73.9% of individuals it was determined that the Vaccine was the cause of death.

(Nicolas Hulscher, Roger Hodkinson, William Makis, Peter A. McCullough; "Autopsy findings in cases of fatal COVID-19 vaccine-induced myocarditis", European Society of Cardiology Heart Failure, 14 January 2024)." - Dr Peter McCullough, MD in "The Corruption of Science and Federal Health Agencies: How Health Officials Downplayed and Hid Myocarditis and Other Adverse Events Associated with the COVID-19 Vaccines", Permanent Subcommittee on Investigations, U.S. Senate Committee on Homeland Security & Governmental Affairs, 21 May 2025.

"How many women would have agreed to receive a COVID-19 Vaccine during pregnancy if their OB/GYNs had fully informed them of these eight outcomes from Pfizer's Phase 2/3 clinical trial?

It seems unlikely that many would have consented—particularly if given the honest, transparent information required under the Nuremberg Code of Ethics.

In conclusion, there must be an immediate moratorium on the use of all COVID-19 Vaccines.

An informed consent.

There was completely the opposite in pregnant women.

U.S. Department of Health and Human Services, appears to have captured the American College of Obstetricians and Gynaecologists, and my research team have proven that with a Freedom of Information Act for many million dollars they captured ACOG in December of 2020.

Everybody at ACOG and the other organizations, we're not going to push this Vaccine in pregnant women in the span of a pregnancy, 40 weeks, 27 September 2021.

You will push the Vaccine.

You will push it in pregnant women and follow all the HHS criteria.

And if you don't, we will destroy you and your professional career will take your license away and we will descertify you, that went out to 60,000 OBGYn doctors.

These are the 3 organizations that essentially govern obstetrical care, not just in the United States of America, but the whole world.

The study "Payments by Drug and Medical Device Manufacturers to US Peer Reviewers of Major Medical Journals", JAMA, 10 October 2024, documenting that $1.06 Billion Dollars went to the reviewers of the Medical Journals of the most influential medical journals, New England Journal of Medicine, Lancet, BMJ.

"Peer Reviewers for The BMJ, JAMA, The Lancet, The New England Journal of Medicine (NEJM); these journals were selected for their high impact factor and reputation as leading publications of original general medical research.

Reviewers received $1.06 Billion in Industry payments between 2020 and 2022, including $1.00 Billion (94.0%) to individuals or their Institutions and $64.18 Million (6.0%) in general payments. Consulting fees and speaking compensation unrelated to continuing medical education programs accounted for $34.31 Million, and $11.80 Million, respectively." - "Payments by Drug and Medical Device Manufacturers to US Peer Reviewers of Major Medical Journals", JAMA, 10 October 2024

At least 8 serious newborn outcomes among those whose mothers received the Covid-19 Vaccine:

1. 100% increase in low Apgar scores (indicating depressed newborns);
2. Substantial increase in meconium aspiration syndrome;
3. 80% increase in neonatal jaundice;
4. 70% increase in congenital malformations;
5. 220% increase in atrial septal defects;
6. Substantial increase in fetal growth restriction;
7. 200% increase in congenital nevi; and
8. 310% increase in congenital anomalies with developmental delays at 6 months of age.

This product is Not Safe for Human Use, let alone the most vulnerable patients, pregnant women, preborn, and newborns." - Dr James Thorp, MD, in "The Corruption of Science and Federal Health Agencies: How Health Officials Downplayed and Hid Myocarditis and Other Adverse Events Associated with the COVID-19 Vaccines", Permanent Subcommittee on Investigations, U.S. Senate Committee on Homeland Security & Governmental Affairs, 21 May 2025.

"I am Dr Joel Wallskog, MD, board-certified Orthopedic Surgeon, now medically Disabled after 1 dose of the Moderna COVID-19 Vaccine.

Before the pandemic, I enjoyed a successful practice in Wisconsin, performing over 800 major surgeries annually.

Trusting health authorities, my practice followed COVID-19 guidelines, delaying surgeries and even temporarily closing.

I elected to get Vaccinated and within a week, I developed leg weakness, numbness, and substantial balance loss, leading to falls, including one while treating a patient.

Diagnosed with transverse myelitis — a spinal cord lesion at T8-T9 — I was stunned that my providers dismissed any vaccine link, despite news of similar cases halting the AstraZeneca trial in the UK.

Four years later, while I can walk again, I have been diagnosed with Dysautonomia and an undefined autoimmune disorder, both debilitating conditions affecting multiple body systems.

I remain medically retired, the career I loved and worked so hard for is now gone.

I mean informed consent and I as a physician I believe strongly in informed consent.

Informed consent requires true and transparent data.

And we can sit here and hear the the mantra or the typical narrative of safe, effective, saved millions of lives, but in reality that's not true." - Dr Joel Wallskog, MD, in "The Corruption of Science and Federal Health Agencies: How Health Officials Downplayed and Hid Myocarditis and Other Adverse Events Associated with the COVID-19 Vaccines", Permanent Subcommittee on Investigations, U.S. Senate Committee on Homeland Security & Governmental Affairs, 21 May 2025.

USA to Vaccinate the Entire Population of America; Every Man, Woman, and Child

"When President Ford was going to Vaccinate the entire population of America, every man, woman, and child, against a particular type of flu called swine flu because he'd been advised that there was going to be a huge epidemic that would kill thousands of people.

I spoke out against it. The newspapers got hold of it and eventually I appeared on Kathy Cosby's television program, and I specifically said, that many people would drop dead after receiving the vaccines. Particularly if they had a heart problem or a potential heart problem.

There was someone in New York watching the program who didn't like a gentleman called Gambino.

Gambino was about 70 years old, the mafia boss. He thought, now this is a great idea. So he got someone to persuade Gambino to have his flu shot. And Gambino promptly dropped dead. And the newspaper headings at the time actually said "Mafia Flu Jab Conspiracy".

Now people were dropping dead in the buildings where they received their shots. many others became paralyzed and the whole program ground to a halt.

The important thing really is that I was the only physician anywhere in the world who warned about these side effects. Yet I was the only one.

Everybody else spoke out in favor of this campaign and it's very very obvious that everybody else was wrong and only one was right. The whole program ground to a halt.

There wasn't even a single case of swine flu. There was never an epidemic of swine flu. And why it was that the world's most powerful man with the world's most powerful department of health got it so wrong. We will never know. But it's important to realize that he did get it wrong and that the authorities did get it wrong." - Dr Archie Kalokerinos, MD, in "60 Minutes", CBS Television, 4 November 1979

"Question - Dr Kalokerinos you started off as a convinced vaccinator when you were working with the Aboriginees, but then things happened. What have been your experiences with Vaccinations?

Dr Kalokerinos, MD - **At first it was just a simple clinical observation.**

I observed that many infants, after they received routine vaccines like tetanus, diptheria, polio, whooping cough or whatever, became ill. Some became extremely ill, and in fact some died. It was an observation, It was not a theory.

So my first reaction was to look at the reasons why this happened.

Of course I found it was more likely to happen in infants who were ill at the time of receiving a vaccine, or infants who had been ill recently, or infants who were incubating an infection.

Of course in the early stages of incubation there is no way whatsoever that anyone can detect the disease.

They turn up later on. Furthermore, some of the reactions to the Vaccines were not those that were listed in the standard literature.

They were very strange reactions indeed. A third observation was that with some of these reactions which normally resulted in death I found that I could reverse them by giving large amounts of vitamin C intramuscularly or intravenously.

One would have expected, of course, that the authorities would take an interest in these observations that resulted in a dramatic drop in the death rate of infants in the area under my control, a very dramatic drop. But instead of taking an interest their reaction was one of extreme hostility.

This forced me to look into the question of vaccination further, and the further I looked into it the more shocked I became.

I found that the whole vaccine business was indeed a gigantic hoax.

Most doctors are convinced that they are useful, but if

you look at the proper statistics and study the instance of these diseases you will realise that this is not so.

I think the most obvious example of the harm that vaccines can do is demonstrated by what happened in 75-76.

I received a phone call from a politician who was elected to a position where he had some responsibility for Aboriginal health in the Northern Territory.

This man had, in fact, been a patient of mine.

He was concerned because the infant death rate in the Northern Territory had doubled in one year, and looked as if it was going to double again. There was no obvious explanation.

I knew the Northern Territory fairly well, in fact I had walked over a lot of it, and could not see how this could be explained. I thought about it a lot, and as I traveled around the world I talked to people about it and asked questions and looked for advice.

I came back to Australia and I went out to visit my mother, and staying with my mother at the time was my youngest brother who was a medical student, and he had with him a fellow medical student.

I sat down with them and discussed the problem again, and I went through every factor that I new that could be responsible for making a child sick and resulting in a death. And one of the things that I did know a little bit about, not a lot then but I had some experience, was the fact that under certain circumstances these vaccines could be very dangerous. And I didn't mention it.

And when I finished I went into my car and I drove towards the city where I was staying at a hotel. Halfway there it just hit me like a bomb. When this politician rang me up he said in an endeavor to improve the Aboriginal mortality we stepped up the vaccination campaigns. And that is what had done it.

They were actually immunising sick kids.

The next day I took off by plane to go to the Northern Territory and I was excited by the realisation that at last I had the answer to the problem, but I was naturally

concerned because I did not know how to communicate it.

Well I went to the Northern Territory. No one would listen to it I was regarded as a total utter redbag.

But I found that they were visiting the reservations, the outlying camps of Aboriginees in the desert, and if for some reason a mother didn't want her child to be vaccinated they would simply grab the child and forcibly vaccinate it.

I saw them chasing them on foot, and chasing them in Landrovers and grabbing the kids and vaccinating them. Now, a lot of these kids were terribly sick.

They were malnourished and everything else. And if they survived the first vaccine, In a few weeks they would come back with booster shots.

And then with more and more, and then they would come around with polio shots and so forth.

It is a wonder that any kid survived really, not that the death rate had just doubled. It is a wonder that any one survived. So it was a pretty grim sort of situation, and it has never really been fully corrected.

The other thing of interest is that in 1977-78 there was an epidemic of a very peculiar disease in Naples, Italy. They called it the dark disease of Naples where infants and children would suddenly become unconscious without any special reason and autopsies would not really reveal a cause. Now this was just the sort of trouble I saw amongst Aboriginees.

So, to make a long story short I went over with a "60 minute" television team, and we found that two thirds of the infants and children had upper respiratory tract infections, but one third of them had just been recently vaccinated with triple antigen including whooping cough vaccine. So my advice to the Italian doctors was to give the children vitamin C intravenously and to stop using the whooping cough Vaccine.

It was a peculiar situation because they would never admit as to whether or not they had given them the vitamin C.

But I do know that they stopped using the whooping

cough vaccine, because parents that I spoke to from Italy over the next four, five or even ten years told me that they could not obtain triple antigen for their children. They could only get the diphtheria and tetanus portion of the vaccine. This terrible, strange disorder has never recurred since I so there was a connection.

Perhaps the most infamous connection was when I was working up in the Gulf country of Australia and Cape York in 1976 and I observed in some Aboriginal communities where the Health department came around and vaccinated them against a particular brand of flu, that a lot of them just dropped dead shortly after receiving the vaccine.

And I went to Alman, a man who was in his early twenties and I flew the bodies across to Cairns at the coast where the autopsies were performed, and apparently they had had heart attacks.

And I had some further experiences in Townshall, a few weeks later, particularly with diabetics.

Now it was strange that I was the only doctor in the whole of bloody Australia that recognised this combination of events, and yet it was happening all over Australia. But this is fairly typical of my work really that other doctors for some reason seemed to go around with their heads in the sand

My final conclusion after 40 years or more in this business is that the unofficial policy of the World Health Organisation and the unofficial policy of 'Save the Children's Fund and almost all those organisations is one of murder and genocide.

They want to make it appear as if they are saving these kids, but in actual fact they don't.

I am talking of those at the very top. Beneath that level is another level of doctors and health workers, like myself, who don't really understand what they are doing. But I cannot see any other possible explanation:

It is murder and it is genocide." - Dr Archie Kalokerinos, MD in "International Vaccine Newsletter", June 1995.

If There Is Suspicion that the Parent Will Not Bring the Child to the Pediatrician

"In the United States, the recommended age for beginning primary immunizations of infants is at birth.

Children who began primary immunizations at the recommended age but failed to receive all required doses do not need to begin the series again; they need to receive only the missed doses.

If there is suspicion that the parent will not bring the child to the pediatrician or health care clinic for follow-up immunizations according to the optimal immunization schedule, any of the recommended." - in "Saunders Comprehensive Review for the NCLEX-PN Examination", 2024.

The Vaccinated Are Getting Sick from Everything

"Babies are not having sex, nor IV drug use.

They don't need a Hepatitis B Vaccine, when their mom doesn't have "Hepatitis B".

That the fact that that's happening in this country to 99% of babies born in American Hospitals is a massive tragedy.

As children age, and get more Vaccines (you see that for all conditions).

You see a 4 to 8 times increase in Health Conditions.

So, what are the areas of health that are being affected by these Vaccines?

It's:

1. Neurodevelopmental Issues
2. Developmental Delays
3. Speech Delays
4. Language Delays
5. Autism
6. Attention Deficit Disorder
7. Attention Deficit Hyperactivity Disorder
8. Allergies
9. Autoimmunity
10. Asthma
11. Eczema
12. Allergies
13. Allergic rhinitis
14. Infections

The infections was the one, that I was like: "Wow, we Vaccinate, so that our kids won't get sick. Isn't that the whole point?"

The Vaccinated are getting sick from everything.

1. More Ear Infections
2. More Sinus Infections
3. More Lung Infections
4. More Skin Infections
5. More All Infections Combined

And we're talking 3 to 4 times more.
So, you know how people are shamed; un-vaxed families who are "putting the other kids at risk."
This blows that narrative out of the water.
Who's getting sick? The Vaccinated!
A healthy, well, Unvaccinated child is no threat to anyone." - Dr Paul Thomas, MD, FAAP, former board-certified fellow of the American Academy of Pediatrics, taught residents and medical students from 1988 to 1993, and practiced pediatrics for over 30 years. In 2008 opened Integrative Pediatrics, serving over 13,000 patients, in "The High Wire", 24 April 2025.

Remember the Swine Flu?

"Remember President Ford going on television and bravely rolling up his sleeve to get his Vaccination?

We wonder what inducements prompted Ford and Congress to let themselves be talked into financing not only the Vaccine, but paying the damage costs which could amount to Billions of Dollars judging by the large number of deaths and disasters already reported, plus those which have been hushed up by the Vaccine Promoters.

Sound Familiar?

A Radio Newscast from January 1977, reported that one of the Paralysed Swine Flu Vaccine victims has filed a $5,000,000 suit against the Vaccine promoters for causing his paralysis in December 1976.

His suit is against the instigators of the Flu Epidemic Scare, who are Dr David Sencer, of CDC (Center for Disease Control) who spearheaded the Vaccine campaign, and Dr Theodore Cooper of World Health Organization (WHO), the Health Departments which promoted the shots, and the 6 Pharmaceutical Companies making the Swine Flu Vaccine.

Why not Ford also and his Congress who financed it?

His complaint was that they had put out propaganda promising that the Vaccine had been thoroughly tested and was perfectly safe, and that the swine flu was contagious and people could die if they didn't get Vaccinated, and that they would be protected if they had the shots, and that the Side Effects, if any were "Inconsequential." This new addition articulately argues against Vaccine. Wake up America! Don't get taken again!

Swine Flu Hazards & Fakery

This booklet on "Swine Flu Hazards & Fakery", is part of a larger Book on Vaccination: "Vaccination Condemned by All Competent Doctors", 1981.

It is about time a large and comprehensive book of the long concealed facts about Vaccination is brought forth.

This is the largest and most informative book on the subject ever written in America.

It contains data collected from medical records, army reports, and startling findings from researchers all over the world.

The book is intended to help combat the disastrous effects of Vaccine Promoters and their Deceptive Propaganda. I have seen cancers caused by Vaccinations, on the arms of people, exactly where the Vaccine was injected. I have also seen paralysis and other tragedies caused by Vaccinations.

All these are unnecessary and avoidable by the application of information contained in the chapters of this book. It will be noted that there are many repetitions of certain facts all through the book.

There Are 2 Reasons for this:

1. Some chapters are used as separate booklets like the chapter on Swine Flu.

2. The Wrong Information About Vaccination Has Been Drilled Into The People From Early Childhood, So It Is Necessary To Repeat The Truth Many Times In Order To Re-Program The Thinking From False Claims to the Truth." - Dr Eleanora McBean, PhD, in "Swine Flu Expose", 1977.

> ***"In 1918, the US Army forced the Vaccination of 3,285,376 natives in the Philippines when no epidemic was brewing. Of the Vaccinated 47,369 came down with smallpox, and of these 16,477 Died. In 1919 the experiment was doubled. 7,670,252 natives were Vaccinated. Of these 65,180 victims came down with smallpox, and 44,408 Died. In the first experiment, 35% Died, and in the second, 68% of the infected ones Died."*** *—Dr. William F. Koch, MD, in "The Survival Factor in Neoplastic and Viral Diseases", 1961.*

The Measles Virus Farce

"Rubeola we see treated by mothers without the help of a physician, and all that is needed in many cases that we are called to see is a mild, cooling treatment; and yet we meet with individuals now and then who are greatly alarmed when an epidemic of this disease occurs.

I shall never forget a visit to a man in bed ill of measles, with all the bedding of winter weather over him, and a thick winter suit of clothes on him from head to feet, his thick winter coat buttoned over his chest, and a thick woollen scarf around his neck.

He was as hot as a man could be, and in piteous tones he said:

"Doctor, I am afraid I shall take cold!"

I ordered him out of bed, commanded him to take off his day garments, and go to bed as a sensible man should, in his bed-garments.

He was living when I last heard of him.

Some years ago as an epidemic of measles was passing over the community in which I live, I was asked by an intelligent woman, the mother of 3 children, whether I thought she would be affected by the disease.

I said to her that I had not the least doubt of it.

She replied: "You are a good comforter."

I said: "Madam, in this epidemic every one who has not had the disease is attacked by it."

I had observed it, and I told her what I knew was true.

In a short time her children had the disease, and very soon she was in her bed with it, sick almost unto death.

This woman's mother had for years been in bondage from fear of measles.

She took special care to keep her daughter from associating with children who had this disease, and, I believe, took such care of her as to shut her within doors when it was prevailing.

I never saw a case like hers.

She was sick for weeks, was greatly reduced in strength and flesh, and just escaped with her life.

On one of my visits, when she was convalescent, she said to me:

"Doctor, Congress ought to pass a law that no woman shall be allowed to marry until she has had the measles."

I have no doubt she thought her mother a very silly woman, so far as her views of measles were concerned.

An attack in childhood would, most probably, have been mild, and before she reached adult life would have been forgotten.

The comparative mildness of the disease as it occurs in childhood is well known.

I believe these diseases help to establish good health.

I doubt not you have seen children who did not grow well, who were feeble, who would after an attack of one of the eruptive diseases of childhood commence to grow, and soon become strong and healthy persons.

Rural Versus Cities

Furthermore, Dr Gibney admits that the Disease, as it appears in the Rural Districts, Differs from the Disease as it occurs in Cities.

With us, as already stated, the disease in many cases is so mild that the mothers of the children safely conduct the whole treatment.

I have never seen a case of diseased bones or joints which I could trace to measles as a cause; and it must be remembered that every one, sooner or later, has an attack of measles. It is quite easy, therefore, to say that this or that disease followed an attack of measles; but it is not so easy to determine how far the eruptive disease acted as the exciting cause.

We should ask:

1. Do not these diseases occur after various other diseases?

2. Do they not occur when children have not had any of the peculiar diseases of childhood?

The crowded tenement houses of cities certainly furnish cases of disease, in scrofulous children, which cannot be traced to any cause save:

1. The Bad Air.
2. Poor Food.
3. General Unfavourable Hygienic Surroundings.

I have seen many epidemics of Measles since, and I record my testimony as to the Mildness, and Usually Favourable Termination of Measles in the Rural Districts, and Healthy Towns." - Dr Traill Green, MD, Trustee of Harrisburg Hospital; 1st President American Academy of Medicine; Founding Member American Association for the Advancement of Science, Presiding Member for many Pennsylvania medical societies affiliated American Medical Association, in "The Medical Record", 22 July 1882.

WHO: 2018

Measles Treatment

"No specific antiviral treatment exists for measles virus.
Severe complications from Measles can be avoided through supportive care that ensures Good Nutrition, adequate fluid intake and treatment of dehydration with WHO-recommended oral rehydration solution. [In 2004, WHO recommended low osmolarity ORS, with total osmolarity of 245 mmol/l and reduced levels of glucose and sodium].

Fluids (Water), other Essential Elements (Salt)

This solution replaces Fluids, and other Essential Elements that are lost through diarrhoea or vomiting.

Antibiotics

Antibiotics should be prescribed to treat eye and ear infections, and **Pneumonia.**

Vitamin A

All children diagnosed with Measles should receive 2 doses of Vitamin A supplements, given 24 hours apart.

This treatment restores low Vitamin A levels during measles that occur even in well-nourished children and can help prevent eye damage and blindness.

Vitamin A Supplements Have Been Shown To Reduce The Number of Deaths From Measles by 50%." - in "Measles", WHO, 22 January 2018.

WHO: 2024

WHO & Global Stakeholders: Agenda 2030

"Measles is a highly contagious disease caused by a virus.

In 2020, **World Health Organization (WHO), and Global Stakeholders endorsed the Immunization Agenda 2021–2030.**

The Agenda Aims to achieve the regional targets as a core indicator of impact, positioning measles as a tracer of a health system's ability to **deliver** essential **Childhood Vaccines.**

Based on current trends of measles Vaccination coverage and incidence, the **WHO Strategic Advisory Group of Experts on Immunization (SAGE)** concluded that measles elimination is under threat, as the disease resurged in numerous countries that achieved, or were close to achieving, elimination.

WHO continues to strengthen the Global Measles and Rubella Laboratory Network (GMRLN) to ensure timely diagnosis of measles and track the virus spread **to assist countries in coordinating targeted Vaccination activities**, and reduce deaths from this **Vaccine-Preventable disease**.

The Immunization Agenda 2030 Measles & Rubella Partnership

The Immunization Agenda 2030 Measles & Rubella Partnership (M&RP) is a partnership led by the American Red Cross, United Nations Foundation, Centers for Disease Control and Prevention (CDC), Gavi, Vaccines Alliance, Gates Foundation, UNICEF, and WHO, to achieve the Immunization Agenda 2030 Measles and Rubella specific targets." - in "Measles", WHO, 14 November 2024.

The Measles Vaccine Farce

"We have lots of Malaria and Pneumonia among the children, September and October Are the Peak Months for Measles: "said Tanga Audi, a 5th-year medical student who for 2 months is staffing the Saradidi clinic.

He estimates that less than 20% of the infants have been Vaccinated against Measles, and **50% of These Will Get The Disease Despite The Vaccination.**

But Malaria is far more important than Measles as a killer of children, partly because it is a year-round risk in this area, while **Measles Is Seasonal.**" - in "Health Care: Giant Task in Rural Kenya", Los Angeles Times, 15 October 1980.

Vaccines Contributing to the Chronic Disease Epidemic

"I took the advice of the Centers for Disease Control (CDC) - The Government - and received a Flu Shot.

I chose to receive the preservative free Vaccine, thinking I did not want any Thimerasol (i.e. Mercury) that the "regular" Flu Vaccine contains.

Makes sense, right?

Why would any of us want to be injected with Mercury if it can potentially cause harm?

However, what I did not realize is that the preservative-free Vaccine contains Formaldehyde.

WHAT?

How can you call it preservative-free, yet still put a preservative in it?

And worse yet, Formaldehyde is a Known Carcinogen.

Yet, here we are, being lined up like cattle and Injected with an Unsafe Product.

Within 12 hours of receiving the Vaccine, I was in bed feeling miserable and missed 2 days of work with a terrible Cough, and Body Aches.

My anger actually stems from a Constant Toxic Burden that is Contributing to the Chronic Disease Epidemic." - Dr Daniel Neides, MD, in Make 2017 the year to avoid toxins (good luck) and master your domain: Words on Wellness, Cleveland Clinic, 6 January 2017.

Fatal Reactions Reported Globally

"The Commission on Human Medicines has temporarily restricted use of the IXCHIQ Chikungunya Vaccine in people aged 65 years and over following very rare Fatal Reactions Reported Globally." *- in "IXCHIQ Chikungunya Vaccine: temporary suspension in people aged 65 years or older", Gov.uk, 18 June 2025.*

"I believe we are in the midst of one of the greatest crimes in human history." *- Dr Toby Rogers, Fellow at the Brownstone Institute, 2024.*

There's No Such Thing as a Genetic Epidemic

"On 4 July 2015, my then-partner's son was diagnosed as being on the Autism spectrum. I was in a Ph.D. program in Political Economy at the University of Sydney where I had access to almost all current scientific and medical journals. I wanted to better understand what was happening, so I went to the Centers for Disease Control and Prevention (CDC) webpage on the causes of Autism.

As a Ph.D. student I was trained to focus on primary source documents, so I read all of the references in their footnotes.

To my surprise, I quickly discovered that the CDC's narrative did not add up:

1. Claims that Autism is genetic don't make sense because Autism prevalence was rising too fast - there's no such thing as a genetic epidemic.

2. Then the CDC blamed valproic acid, a treatment for epilepsy that is contraindicated in pregnancy, and thalidomide, which was never approved for use in the U.S. - so those factors could only explain a handful of cases stemming from inadvertent use.

3. Finally, the CDC pointed to advanced parental age; however, the effect sizes were modest and the increase in the proportion of older parents is insufficient to explain the surge in autism prevalence. Furthermore, the cost of autism was already in the hundreds of billions of dollars a year in the U.S. and yet government was not responding with a sense of urgency.

I changed my doctoral thesis topic to "The Political Economy of Autism" and spent the next 4 years reading and analyzing nearly everything that has been written on autism prevalence, causation, and cost.

In 2019, my thesis passed rigorous external peer review.

It's now in the top 10 of the most downloaded doctoral research papers in the history of the University of Sydney.

Since then I've continued my research with Children's Health Defense, as an independent journalist, and as a Fellow at Brownstone Institute.

Here are the facts:

In 1970, the first Autism prevalence study in the U.S. found an Autism rate of less than 1 in 10,000 children (Treffert, 1970).

According to a study by the EPA, sometime around 1987 the Autism rate in the U.S. began to skyrocket (McDonald & Paul, 2010).

The most recent report from the CDC showed that 1 in 31, 8-year-old children in the U.S. in 2022 were on the Autism spectrum (Shaw et al., 2025).

That's a 32,158% increase in the last 52 years.

Two massive studies from the best epidemiologists in California, show that changes in diagnostic criteria only explain a small fraction of the rise in Autism prevalence (Byrd et al., 2002 and Hertz-Picciotto & Delwiche, 2009).

There are 22 studies that claim that Vaccines don't cause Autism.

None of these studies have a completely unvaccinated control group.

So, if you want to understand what's causing the Autism epidemic, these studies are of no use.

Then there are 5 large genetic research projects: AGRE, SSC, ASC, MSSNG, and SPARK.

Together they have produced 501 published papers.

Genes Don't Suddenly Create Epidemics

The search for "The Gene for Autism" has consumed over $2.3 Billion Dollars, and researchers have almost nothing to show for it; because genes don't suddenly create epidemics - the human genome just doesn't change that fast.

Next there are 4 large epigenetic research projects (genes and the environment); CHARGE, MARBLES, SEED, and EARLI. Combined they've produced 437 publications that look at the effects of:

1. **Air Pollution.**
2. **Pesticides.**
3. **Heavy Metals.**
4. **Fluorinated Substances.**
5. **Polychlorinated biphenyls.**
6. **Nutritional Factors.**
7. **Flame Retardants.**
8. **Maternal metabolic conditions (obesity, diabetes).**
9. **Volatile organic compounds.**

None of these studies control for Vaccines as a possible covariate or confounder, so it's impossible to know the true impact of these variables.

The best available evidence suggests that anything that causes an immune activation event: an Industrial Toxicant, or a Vaccine, Can Cause Autism.

But research from Thomas and Margulis (2016) shows that the Autism rate in children with no Vaccines is 1 in 715 and the Autism rate in Vaccinated children is 1 in 31.

So these large epigenetic studies can help explain the 1 in 715 Autism cases related to Toxicants in the air, water, soil, and food but they are unlikely to help us stop the Autism epidemic unless they radically change their protocols and reanalyze existing data.

That leaves us with a much smaller set of studies for understanding Autism causation.

The key study that helps us to understand the relative impact of the different Toxicants that contribute to causing autism is Ozonoff et al. 2018.

Using a brilliant study design they showed that up to 88% of Autism cases are characterized by Autistic Regression — the child was developing normally and then suddenly the child lost eye contact, speech, and the ability to socialize with others.

Acute Toxic Exposure

This suggests an Acute Toxic Exposure, and we now have eyewitness testimony from thousands of parents that the Acute Toxic Exposure that preceded the Autistic Regression was a "well baby" Vaccine Appointment.

The critical missing piece in Autism research is Vaccinated versus Unvaccinated studies. There are now 6 good studies that we can rely on. These Studies Have Been Systematically Suppressed and Ignored by the Mainstream Media and the Medical Establishment.

2 studies by Gallagher and Goodman (2008, 2010) Show that the birth dose of the Hepatitis B Vaccine Significantly Increases Autism Risk. 3 studies by Anthony Mawson (2017a, 2017b, 2025); Confirm that Vaccination Increases the odds of Developing Autism by at least 4.2-fold.

Preterm birth coupled with Vaccination Increases the odds of Neurodevelopmental Disability, by more than 12-fold; Compared to preterm birth Without Vaccination (Mawson et al., 2017b).

A study by Hooker & Miller, in 2021, found that:

1. Vaccination Increases Autism Risk 5-fold.

2. Vaccination in the Absence of Breastfeeding Increases Autism Risk 12.5-fold.

3. Vaccination in Addition to C-Section birth Increases Autism Risk 18.7-fold.

After conducting my systematic review of 1,000 studies my belief is that the Autism and Chronic Disease Epidemics Are Primarily Caused by Toxicants; mostly from Vaccines, and about a dozen additional Toxicants.

If we stop exposing children to these hazards in the first place that would stop the epidemics of chronic illness in children." - Dr Toby Rogers, PhD, MPP, in House committee hearing: "How the Corruption of Science Has Impacted Public Perception and Policies Regarding Vaccines", Committee on Homeland Security and Governmental Affairs, USA, 9 September 2025.

1. The Political Economy of Autism

https://ses.library.usyd.edu.au/bitstream/handle/2123/20198/Rogers_T_thesis.pdf

2. "Mapping the Entire Field of Autism Causation Studies in One Article"

https://tobyrogers.substack.com/p/mapping-the-entire-field-of-autism

Vaccines & Excess Deaths in 2022 and 2023 in 57 Provinces of Thailand

"Excess Deaths were concentrated in Provinces with Higher Rates of 3rd Dose uptake including: Bangkok Metropolitan, Nonthaburi, Pathumthani, Samut-prakan, Chonburi, Rayong and Phuket.

These Correlations Indicate a Causal Relationship Between 3rd Dose Covid-19 Vaccines and Excess Mortality in Heavily Vaccinated Thai Provinces.

Covid-19 Vaccines Large Scale of Injury And Death From Government Action

Given this firm Evidence, there is an urgent ethical imperative to withdraw all Covid-19 Vaccines from use in Thailand, and To Critically Investigate The Medical, Political and technological means Which Occasioned Such A Large Scale of Injury, and Death From Government Action. We Report on a Correlation analysis conducted to identify whether there is any linear Relationship between the 3rd dose (booster) Covid-19 lipid nanoparticle-based mRNA and mDNA Vaccines, and Excess Mortality in 2022 and 2023 in 57 Provinces of Thailand.

Data From 3 Sources:

1. Department of Disease Control, Ministry of Public Health, Thailand;
2. Official statistics registration system, Ministry of Interior, Thailand;
3. ThaiHealthStat (hiso.or.th).

Structural Violence

Can we say that the Covid-19 Events Represent Analogous "Structural Violence?"

The idea of Structural Violence is that it Coercively Constricts Agency in its Victims.

Dying by Government Edict

In the United Kingdom during the first 3 months of the "Lockdowns", Health Statistics Show Sudden Rises In All Cause Mortality Among The Elderly And Disabled, Most of Whom Were Subject to Bans on visits from relatives, even when Dying, by Government Edict.

Sudden Rises In All Cause Mortality Among The Elderly And Disabled

Many of them were also subjected, without informed consent by them or their relatives, to a "palliative care" regime of injected drugs Midazolam and Morphine which hastened their deaths.

In many countries from 2021 Citizens Were Told They Did Not Have Agency Over Their Own Bodies, and that in order to visit relatives or be visited, to attend places of education and worship, or to purchase food and drink, They Were Required To Take Experimental Genetic Therapeutics into their bloodstreams.

"Biological computing machines, such as micro and nano-implants that can collect important information inside the human body, are transforming medicine. Yet, networking them for communication has proven challenging. A global team, including Ecole Polytechnique Federale de Lausanne researchers, have developed a protocol that enables a molecular network with multiple transmitters. First, there was the Internet of Things (IoT) and now, at the interface of computer science and biology, the Internet of Bio-Nano Things (IoBNT) promises to revolutionize Medicine and health care. The IoBNT refers to biosensors that collect and process data, nano-scale Labs-on-a-Chip that run Medical Tests inside the body." *- in "Networking nano-biosensors for wireless communication in the blood, 22 November 2023.*

Many people are resistant to taking Pharmaceutical Drugs, especially when these are experimental in nature.

But resistance to Covid-19 Vaccination was labelled "Anti-Vax", and characterized as irrational and "Selfish" despite the fact that the Vaccines do not stop transmission of respiratory infections." - Dr Atapol Sughondhabirom, MD, Faculty of Medicine, King Chulalongkorn Memorial Hospital, Chulalongkorn University, Bangkok, Thailand, in "Post-Pandemic Excess Mortality in Thailand: A Causal Link With 3rd Dose (Booster) COVID-19 Vaccines, and the Medical / Ethical Implications", Researchgate, September 2024.

"The Vaccinated Population Far More Prone to Chronic Illness Than People Completely Unexposed to Vaccines." *- Ron Johnson Senator from Wisconsin, in* ***"How the Corruption of Science has Impacted Public Perception and Policies Regarding Vaccines",*** *Permanent Subcommittee on Investigations, U.S. Senate Committee on Homeland Security & Governmental Affairs, 9 September 2025.*

Neurological Complications of Vaccinations

"The Neurological Complications of Vaccinations constitute an anatomical and pathological spectrum which may involve any and all parts of the central, peripheral and autonomic nervous systems.

The nature of the pathological changes may range from a hemorrhagic leukoencephalopathy or the classical inflammatory perivenous demyelinating encephalomyelitis to the congestive-edematous encephalopathy of Seitelberger (1966) or the meningeal reaction with CSF lymphocytosis of Shiraki et al. (1962).

The lesions may result in a massive encephalopathy, a transverse myelopathy, the Guillain-Barre syndrome (GBS) or an isolated Cranial Nerve Palsy, or any combination of these.

The emphasis upon the remarkably large number of cases of Guillain-Barre Syndrome which resulted from the 1976 National Swine Influenza immunization program in the USA has obscured the fact that other neurological complications, involving the central nervous system also occurred.

The anatomical distribution of lesions is almost identical with That Seen Following Other Types of Vaccination: involvement of the brain, cerebellum, optic nerve, cranial nerves and spinal cord occurred with approximately the same frequency.

5 instances of the very rare subacute or chronic, progressive, post-vaccinal encephalopathy are described, a situation which is identical to the subacute and chronic forms of polyradiculoneuropathy.

In a number of cases, in particular the myelopathies, a subclinical involvement of peripheral nerves was demonstrated by means of electrodiagnostic studies, illustrating the often overlooked fact that Central Nervous System involvement will mask peripheral nerve lesions.

The etiological significance of the swine influenza Vaccination was overlooked and completely erroneous

diagnoses were established in a surprisingly large number of cases.

Additional problems are well illustrated by a number of the cases in the present series: in many instances completely erroneous diagnoses were made such as thrombosis of the anterior spinal artery in cases of transverse myelopathy or myeloradiculoneuropathy; The Fact That the patient Had Been Vaccinated Was Never Mentioned in the medical record, and thus such a case would not be reported as a complication of Vaccination and would not appear in the passive surveillance; ignorance on the part of many physicians caring for such patients of the known neurologic complications of Vaccinations is yet another factor.

Many patients with relatively mild involvement failed to seek medical care until weeks or even months later, a situation which Tended To Obscure A Possible Causal Relationship to the Vaccination.

It is also most likely that the passive surveillance system would find only the most severe cases, and certainly those that require hospitalization.

Conclusion

The 26 cases reported simply confirm the fact that following the swine influenza program, The Same Anatomical and Pathological Spectrum of Neurologic Complications Which Occurs Following Other Types of Vaccinations was also present.

For many reasons, some of which remain unexplained, many cases of involvement other than GBS were not recorded and studied.

Nevertheless, it is abundantly clear that swine influenza Vaccine Did Not Differ from Any Other Vaccine in its unfortunate ability to Produce Neurological Disease ranging from the mild to the very severe, and Involving the Nervous System from Brain to Peripheral Nerve." - in "Neurological Complications of Swine Influenza Vaccination", Acta Neurol. Scandinav., 1982.

The Decline in Mortality Before Few Antibiotics or Vaccines Were Available

"At the beginning of the 20th century, the leading causes of child mortality in the 1- to 19-year-old age group were diseases, including diarrheal diseases, diphtheria, measles, pneumonia and influenza, scarlet fever, tuberculosis, typhoid and paratyphoid fevers, and whooping cough.

Between 1900 and 1998, the death rate from the major infectious diseases declined 99.7%, from 466 to 0.7 deaths per 100,000. The percentage of child deaths attributable to infectious diseases declined from 61.6% to 2%.

Once again, nearly 90% of the Decline in infectious disease mortality among US children occurred before 1940, when few Antibiotics or Vaccines were Available.

The major declines in child mortality that occurred in the first third of the 20th century have been attributable to a combination of improved socioeconomic conditions in this country and the public health strategies to protect the health of Americans. State and local health departments implemented these public health measures including water treatment, food safety, organized solid waste disposal, and public education about hygienic practices. These improvements in water and food safety and purity are linked to the major decline in diarrheal diseases seen in the early years of the century. Similarly, improvements in housing and decreased crowding in US cities are linked to the reductions in mortality from tuberculosis and other diseases. Vaccines against diphtheria, tetanus, and pertussis became available during the late 1920s but only widely used in routine pediatric practice after World War II. Thus Vaccination Does Not Account for the Impressive Declines In Mortality seen in the first half of the century."
- Dr Bernard Guyer, MD, Johns Hopkins School of Public Health, in "Annual Summary of Vital Statistics: Trends in the Health of Americans During the 20th Century", Pediatrics, December 2000.

Neuro-Psychiatric Disorders Following Vaccination

Neuro-Psychiatric Disorders are conditions where a Neurological (brain or nervous system) disorder causes or influences Psychiatric (Mental or Behavioural) symptoms, such as mood, thought, or behaviour changes.

"The onset of certain brain-related autoimmune and inflammatory disorders has been found to be temporally Associated with the Antecedent Administration of Various Vaccines.

Exposure to specific Vaccines, including Influenza Vaccine, Tetanus and Diphtheria Vaccine (TD), Hepatitis A Vaccine, Hepatitis B Vaccine, and Meningitis Vaccine, was tracked.

This study examines whether Antecedent Vaccinations Are Associated With Increased Incidence of:

1. **Obsessive–Compulsive Disorder.**
2. **Anorexia Nervosa.**
3. **Anxiety Disorder.**
4. **Chronic Tic Disorder.**
5. **Attention Deficit Hyperactivity Disorder.**
6. **Major Depressive Disorder.**
7. **Bipolar Disorder.**

Subjects with newly diagnosed Anorexia Nervosa were more likely than controls to have had any Vaccination in the previous 3 months [hazard ratio (HR) 1.80, 95% confidence interval 1.21–2.68].

Influenza Vaccination

Influenza Vaccinations during the prior 3, 6, and 12 months were Also Associated with incident diagnoses of:

1. Anorexia Nervosa.
2. Obsessive–Compulsive Disorder.
3. Anxiety Disorder.

Several other associations were also significant with HRs greater than 1.40.

Hepatitis A Vaccination

Hepatitis A Vaccination during the prior 3, 6, and 12 months were Also Associated with incident diagnoses of:

1. Obsessive–Compulsive Disorder.

Hepatitis B Vaccination

Hepatitis B Vaccination during the prior 3, 6, and 12 months were Also Associated with incident diagnoses of:

1. Anorexia Nervosa.

Meningitis Vaccination

Meningitis Vaccination during the prior 3, 6, and 12 months were Also Associated with incident diagnoses of:

1. Anorexia Nervosa.
2. Chronic Tic Disorder.

Obsessive–Compulsive Disorder

Children with Obsessive–Compulsive Disorder were More Likely To Have Received the:

1. Influenza Vaccine in each of the preceding periods, or
2. Hepatitis A Vaccine in the previous 6 or 12 months.

Anorexia Nervosa

Children with Anorexia Nervosa were also More Likely To Have Received the:

1. Influenza Vaccine in the preceding 3 or 6 months, or
2. Tetanus and Diphtheria Vaccine in the previous 12 months.

Anxiety Disorder

Children with Anxiety Disorder were More Likely To Have Received the:

1. Influenza Vaccine in the previous 12 months.

Children with Tic Disorder were More Likely To Have Received:

1. Influenza Vaccine in the previous 6 or 12 months.
2. Meningococcal Vaccine in the previous 6 or 12 months.

Our findings showing that children with:

1. Anorexia Nervosa.
2. Obsessive–Compulsive Disorder.
3. Tic Disorder.

Were More Likely to Have Received the Influenza Vaccine in the preceding periods.
Were noteworthy given the findings of Increased

Incidence of Narcolepsy in Finland, Sweden, Ireland, Norway, England, and France after Vaccination with AS03-Adjuvanted H1N1 Vaccine.

Studies also show a 300% increase in the incidence of Narcolepsy after following the 2009 H1N1 [Vaccination] in China.

> *"By 31 December 2009, a total of 10,844 confirmed cases of 2009 "H1N1 Virus Infection" had been reported in Beijing.*
> *The majority of patients had an onset of disease between mid-September and mid-November of 2009.*
> *After the first monovalent 2009 Influenza A (H1N1) Vaccine became available in September 2009, Chinese officials conducted a Mass Vaccination program in Beijing.*
> *We evaluated the safety and effectiveness of the Vaccine.*
> ***A total of 362 patients had an Incident Neurologic Condition that met our surveillance criteria, including 27 Cases of the Guillain–Barré Syndrome, and 105 Cases of Optic Neuritis."*** *- in "Safety and Effectiveness of a 2009 H1N1 Vaccine in Beijing", New England Journal of Medicine, 16 December 2010.*

It is also of note that the observed Association Between the Antecedent Administration of the Influenza Vaccine and the new Onset of Anorexia Nervosa and Obsessive–Compulsive Disorder." - Dr Douglas L. Leslie, PhD, Pennsylvania State University College of Medicine, in "Temporal Association of Certain Neuropsychiatric Disorders Following Vaccination of Children and Adolescents: A Pilot Case–Control Study", Frontiers in Psychiatry, 19 January 2017.

Vaccines Associated With Sudden Unexplained Death

"Severe acute respiratory syndrome coronavirus 2 Vaccination; it is associated with serious adverse events, including Sudden Unexplained Death (SUD).

Sudden Unexplained Death after COVID-19 Vaccination in Thailand.

From April to December 2021, cases with natural but unexplained death within 7 days of COVID-19 Vaccination were enrolled.

Results:

13 were recruited, aged between 23 and 72 years.

8 (61%) Died after receiving the First Dose of Vaccine, and 7 (54%) Died after receiving ChAdOx1 nCoV-19.

Fever was self-reported in 3 cases.

10 (77%) died within 24 hours of Vaccination.

11 (85%) died within 3 days of Vaccination." - in "Genetic basis of sudden death after COVID-19 Vaccination in Thailand", Heart Rhythm., November 2022.

More Likely to Die From the Vaccine Than From the Disease

"So from 2004 to 2007, (I was following the CDC schedule back then), my own patients, who I was responsible for saying:

"We're going to do these Vaccines."

Regressed into Severe Non-Verbal Autism, having been completely normal with great eye contact, social, and developing language.

That was my wakeup call along with having learned from Dr Liz Mumper, MD, Pediatrician, and many others who were educating us on what was really going on.

But it wasn't just Autism.

It was an explosion of:

1. Attention-Deficit / Hyperactivity Disorder (Attention Deficit Disorder)
2. Learning Problems.
3. Developmental Delays.
4. Infections.

Kids are just sick:

1. Acute Infections.
2. Chronic Infections.
3. Asthma.
4. Allergies.
5. Eczema.

It's an explosion.
When I hold a baby and I look in their eyes, if they're not going to be Vaccinated, I am so happy for them because the lights stay on.
And when kids get Vaccinated: I Vaccinated my own kids, the lights went out.
I call it Vaccine Eyes, there's this Blank Stare, Nobody's Home.
It's tragic what we're doing, and we have the data now, I've published it in the Book: "Vax Facts; What to Consider Before Vaccinating at All Ages & Stages of Life", 2024.
All the data is published, go read it, the data is all there, the references are there.
For every single Vaccine on the childhood schedule, you are More Likely to Die From the Vaccine, than you are from the disease for which you're Vaccinating.

Who wants to choose higher death rate for their own child by something they're doing?

Obviously, a loss of a child, whether it be from a disease for which we have a Vaccine or whether it be from the Vaccine itself, is horrible.

But you are more likely to die if you Vaccinated.

That's just death. You can look at the Sudden Infant Death Syndrome numbers. One of the highest rates in the United States.

Why is our infant mortality worse than most of the other developed countries?

It's because I believe Sudden Infant Death Syndrome deaths almost all happen.

78% of them happen in the first week after vaccines.

It's Cause and Effect.

You Vaccinate, you lose your child to Sudden Infant Death Syndrome.

Talk to Neonatal Intensive Care Unit Nurses, and they will all tell you when they Vaccinate those kids, they they stop breathing.

A large percentage of but they're on monitors in the Neonatal Intensive Care Unit, so they resuscitate them.

The kids they don't die at that point.

If that baby was home, that's a Sudden Infant Death Syndrome, that's a Death.

So the numbers of Sudden Infant Death Syndrome far exceed; it it's almost 10 times More Deaths just Sudden Infant Death Syndrome alone, than all the deaths from the diseases for which we have Vaccines.

You just cannot make any sense of this." - Dr Paul Thomas, MD, FAAP, Taught Residents, and Medical Students from 1988 to 1993, has practiced Pediatrics for more than 30 years, in "Are 72 Vaccines Too Many? A Legal Case Against the CDC", Independent Medical Alliance, 1 October 2025.

Childhood Vaccines Neuro-Development Disorders & Heart Disease

"Since the publication of the Institute of Medicine 2001 report, we published the first Epidemiological Evidence showing a Direct Association between thimerosal-containing childhood Vaccines and Neuro-Development Disorders in children.

We showed that there was from a 2 to 6-fold increased incidence of neurodevelopment disorders following an additional 75-100μg dosage of Mercury from thimerosal-containing Childhood Vaccines in comparison to thimerosal-free Childhood Vaccines.

Because of the data implicating thimerosal (Mercury) levels with increasing rates of:

1. Autism.
2. Speech Disorders.
3. Heart Disease.

It would seem prudent to completely remove thimerosal from all childhood Vaccines immediately.

Additionally, fetuses may be exposed to Mercury from the Amalgam used in their mother's fillings.

Also, patients should be made aware that there are other Prescription Drugs and over-the-counter Medications that contain significant amounts of thimerosal.

This study provides strong epidemiological evidence for a link between increasing Mercury from thimerosal containing Childhood Vaccines and Neurodevelopment Disorders and Heart Disease.

In light of voluminous literature supporting the biologic mechanisms for mercury-induced adverse reactions, the presence of amounts of Mercury in thimerosal-containing childhood Vaccines exceeding Federal Safety Guidelines for the oral ingestion of

Mercury, and previous epidemiological studies showing Adverse Reactions from such Vaccines, a causal relationship between thimerosal containing childhood Vaccines and Neurodevelopment Disorders and Heart Disease Appears To Be Confirmed." - in "Thimerosal in Childhood Vaccines, Neurodevelopment Disorders, and Heart Disease in the United States", Journal of American Physicians and Surgeons, Spring 2003.

Vaccine Placebos Aren't Placebos

"Perhaps nowhere is Epistemic Capture more evident than in the corruption of basic scientific definitions.

As Rogers explained in his Senate testimony, when defenders of the status quo use the word "inert", they can mean almost anything.

Paul Offit routinely calls Aluminum and mercury "inert" despite their being known Neurotoxicants.

This isn't ignorance it's: Epistemic Warfare.

The corruption extends to the very notion of Scientific Consensus.

As Neil deGrasse Tyson observed in 3 devastating tweets:

1. When he told Galileo in 1633;

"I'm not interested in Galileo's research. I'm interested in scientific consensus! The sun revolves around the earth!"

2. When he told Semmelweis in 1847:

"I'm not interested in Semmelweis's research. I'm interested in medical consensus! Hand washing does NOT prevent puerperal fever!"

3. When he told Frances Kelsey in 1960:

"I'm not interested in what Frances Kelsey has to say. She's only been at the FDA one month. I'm interested in Scientific Consensus! Thalidomide (Mercury) Is Safe and Effective!"

The fact is, Tyson concluded, "scientific consensus" is politics, not science.

Actual science follows the principle Nullius in verba:

"Take nobody's word for it."

Vaccine Trials Reveals The Depth of Deception

Lawyer Aaron Siri's forensic analysis of Dr Scott's celebrated list of 661 "placebo-controlled" Vaccine Trials Reveals The Depth of This Deception.

Of those 661 studies that supposedly prove Vaccine safety: 567 were for HIV Vaccines or other Vaccines Not On the childhood schedule: completely irrelevant.

Of the remaining 94 studies, 70 Didn't involve healthy children (for example, trials of HIV-positive adults).

Of the remaining 24, 21 Didn't involve a United States Licensed Vaccine or weren't used as controls to license currently used Vaccines.

That leaves exactly 3 studies.

Those three?

The first was a chickenpox vaccine trial where the "placebo" contained neomycin and other ingredients — not inert.

The second was the Gardasil 4 trial where thousands of girls in the control group got aluminum adjuvant injections, with only a few hundred labeled as "inert control" who actually received everything in the vial except the antigens, including polysorbate, sodium borate, and yeast protein —again, not inert.

The third was Gardasil, which finally had a few hundred receive saline — but only after they first received three doses of Gardasil. The result: zero trials. Not a single routine childhood vaccine was licensed based on a true placebo-controlled trial.

The FDA has no regulations concerning the contents of placebos.

Manufacturers can put whatever they want into the comparator and still call it a "placebo" by law.

Scientific journals have similar non-requirements.

About two-thirds of the time, studies don't even disclose what was in their "placebo."

This Definitional Corruption Extends Throughout Medical Science.

A "randomized controlled trial" should compare vaccinated to unvaccinated groups using saline placebos.

Instead, they compare new Vaccines to old Vaccines, or to Aluminum adjuvants, ensuring that adverse events appear in both groups and can be dismissed as "background rates."

The corruption is so complete that when Siri demanded true saline placebo studies, the Medical Establishment insisted such studies would be "unethical" — a perfect Epistemic Capture where the methods needed to determine safety are declared morally impermissible.

Epistemic Capture

Epistemic Capture occurs when an industry controls the conditions of knowledge production — what gets researched, how, and what counts as evidence.

When you capture epistemology, you control reality itself.

The Pharmaceutical Industry has achieved something unprecedented in human history: the complete capture of an entire domain of knowledge production.

As long as Epistemic Capture persists, the Autism and Chronic Disease will continue.

$27 Billion Dollars

That's what the Pharmaceutical Industry spends annually just on Drug Promotions to influence prescribing practices. To put this in perspective, it's enough to give every medical doctor in America approximately $27,000 per year. This isn't education — it's Epistemic Warfare conducted with an unlimited budget.

The revolution of knowing has begun, and it cannot be stopped." - in "Epistemic Capture", Lies are Unbekoming, 14 September 2025.

Vaccination Increases The Risk of Dying

"In spite of being protected against 3 deadly diseases, the introduction of Diphtheria-Tetanus-Pertussis (DTP) Vaccine was Associated with Increased Overall Mortality.

Children who received DTP Vaccine had 5 times higher risk of Dying, than those who didn't. And this is just one example of many studies now done of DTP Vaccine. And They All Show The Same.

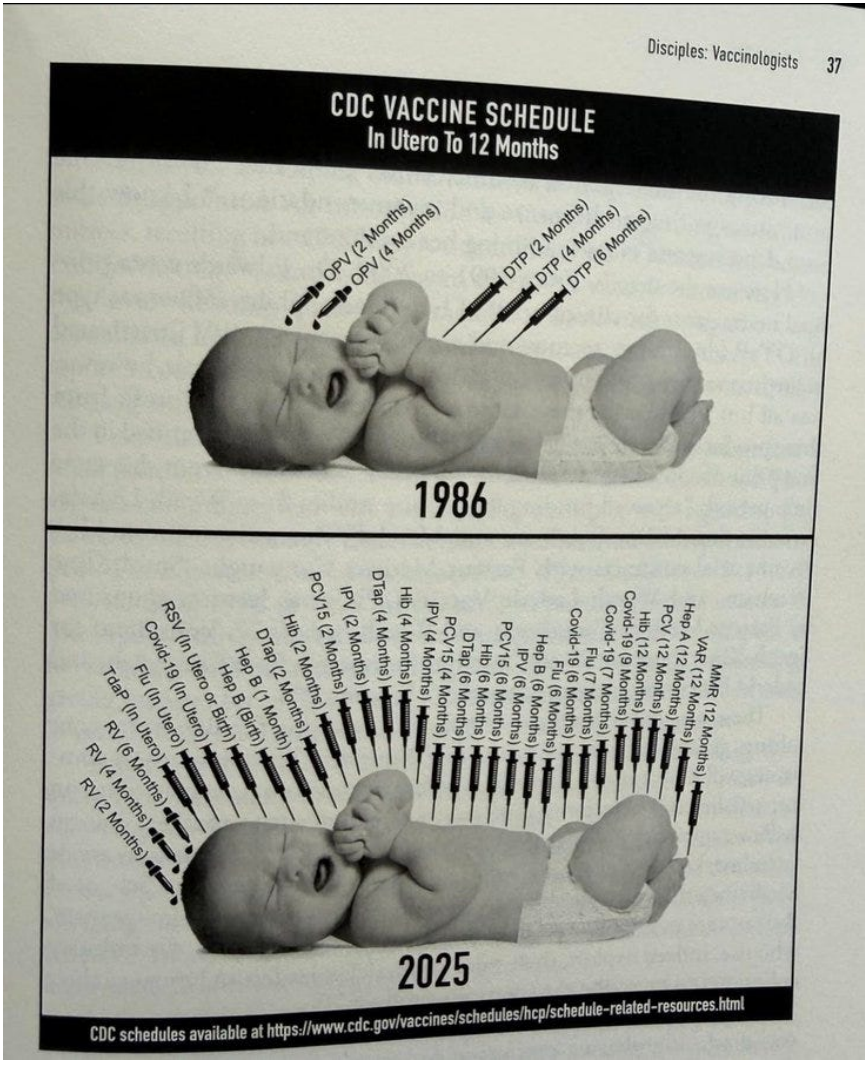
DTP Vaccinated children Have Higher Mortality than those who didn't get DTP Vaccine. So it appears that DTP Vaccine has negative non-specific effects.

The protection against the 3 deadly diseases comes at a very high price, namely increased risk of Dying.

So with the best of intentions, the use of DTP Vaccine May Kill More Children Than It Saves.

I know these results are extremely uncomfortable and most people, including myself, just wish they weren't true, but this is what the data tells us." - Christine Stabell Benn, Professor Odense Patient data Explorative Network at the Faculty of Health Sciences, Professor and Head of the Bandim Health Project, Professor of Global Health, University of Southern Denmark, in "How Vaccines train the immune system in ways no one expected", TEDxAarhus, 2018.

CDC Vaccine Schedule In Utero To 12 Months 1986 - 2025



Chapter 23

How The Medical, Dental & Veterinary Trade Are Destroying; Human And Animal Lives in the Relentless Pursue Financial Profit

"I asked a Scientist: **How do you induce an allergy** in a rat?, he said:

> ***"You take Aluminum Adjuvant and Inject it into a rat with a protein. If it's a peanut protein, that rat will have a lifetime allergy to peanuts. If it's a dairy protein, you'll have a lifetime allergy to dairy. If it's a latex protein, you'll have a lifetime allergy to latex."***

That's the same Aluminum Adjuvant that's in the Hepatitis B Vaccine, and many of those Vaccines contain peanut oil excipients.

We need to look at the Aluminum in the Vaccines, and we're doing that today at NIH to see if that has anything to do with this explosion of allergies that began in 1989, which was the year they expanded the Vaccine schedule.

It's not only what's the Shot when you give the Injection, it's also what's in the ambient environment at the time! So, if there is a Timothy Weed outbreak at the time you get that Injection, ou can have a lifetime allergy to wheat." - Robert F. Kennedy, Health and Human Services Secretary, United States, 24 October 2025.

Gardasil: A Vaccine in Search of a Disease

"The Pharmaceutical Industry will tell the Public that:
1. "Vaccines are Safe."
2. "Vaccines are Effective."
3. "Vaccines Save Lives."

Marketing Illnesses to Promote Pharmacological Solutions

Today's Society has **come to view many Problems as Medical Disorders, Whereby "Medical Interventions" are "The Only Appropriate Solution",** and thus the coining of the term Medicalization. **The "Engines of Medicalization", are "The Pharmaceutical Industry and Market Interests which are Driving the Conceptualization of Disease by Marketing Illnesses to Promote Pharmacological Solutions",** [Conrad, P., "The Medicalization of Society: On the Transformation of Human Conditions into Treatable Disorders", 2008].

By utilizing the Technique of Medicalization, we are now able to legitimize social problems with the added benefit of providing a Medical and/or a Pharmacological Solution, Resulting in a "Proliferation, and Expansion of Medical and Diagnostic Categories."

Examples of Such Expansion:

1. Attention Deficit Hyperactivity Disorder (ADHD).
2. Erectile Dysfunction [Conrad, P., 2008].
3. Childbirth [Rothman, B.K., "Recreating Motherhood", 2000].
4. Menopause ["Sociological Perspectives on the Medicalization of Menopause", Annals of the New York Academy of Sciences, 1990].
5. Depression ["Physicians Constructions of Depression: Inside / Outside the Boundaries of Medicalization", Health, 2004].

Many now view the Process of Medicalization as Negative, calling it Repressive, and Coercive, Arguing for the De-Medicalization of Various "Medical" problems ["Foucault and the Medicalisation Critique", Health and Medicine, 1997].

Selling Sickness: The Pharmaceutical Industry & Disease Mongering

"Disease Mongering" among Pharmaceutical Companies to Increase Profits have become more widespread ["Selling Sickness: The Pharmaceutical Industry and Disease Mongering", British Medical Journal, 2002].

Many Diseases are Increasingly Defined in Relation to the Drugs to which it responds ["Pharmaceutical Reason: Knowledge and Value in Global Psychiatry", Cambridge University Press, 2006], because **increased use of Pharmaceuticals for purposes that Are Not Strictly Medical,** the more appropriate term should be **Pharmaceuticalization** ["The Sociology of Pharmaceuticals: Progress and Prospects, Sociology of Health & Illness", 2008].

In recent years there has been a shift in the characterization of risk factors to that of disease, with Pharmaceuticals not only used to treat, but now possibly prevent disease ["Prescribing by Numbers: Drugs and the Definition of Disease", Johns Hopkins University Press, 2006].

The Major Beneficiary of this new "protodisease", or predisease model has been the Pharmaceutical Industry who now **rely on it as a Major Profit Source** ["The Politics of Life Itself: Biomedicine, Power and Subjectivity in the Twenty-First Century", Princeton University Press, 2006].

"Drug Companies obviously make Drugs, but less obviously, they make Views of Illness" ["Pharmageddon", University of California Press, 2012].

In This New Environment, the Role of Vaccines has Increasingly Changed in the new Pharmaceuticalized

environment from limiting infectious disease to treating non-infectious diseases: Various Cancers; Type I Diabetes; Gastroesophageal Reflux Disease; Alzheimer's Disease; Cocaine Abuse; Cigarette Smoking, Etc.

It Was In This Environment that Gardasil Was Created, and Launched with a Media Campaign; known as the "One Less" campaign where it was spun as both, "a drug against risk" and a Vaccine.

"To Mandate a Vaccine as a Condition of Attending School" ["Gardasil: A Vaccine against Cancer and a Drug to Reduce Risk", Chapter 2, Three Shots at Prevention: The HPV Vaccine and the Politics of Medicine's Simple Solutions, Johns Hopkins University Press, 2010].

The Risks of the Vaccine

What About the Risks from Gardasil?

Serious Adverse Events From a Vaccine is defined by the FDA as those which **"result in death, life threatening conditions, hospitalization, disability or permanent damage, birth defects, or require medical or surgical measures to prevent permanent damage"** ["What Is a Serious Adverse Event?", FDA, 2013].

As even most pro-vaccine experts will admit **almost All Medical Interventions carry some Degree of Risk that could Cause a Serious Adverse Event**, including Gardasil.

But what is the frequency of these events? so the question is not whether Gardasil has the potential to cause Serious Adverse Event but the frequency with which this occurs, information that is not always revealed to parents.

As of 2015 Serious Adverse Events following Gardasil Vaccination that have been reported in the medical literature include:

1. Premature Ovarian Failure ["Premature Ovarian Failure 3 Years after Menarche in a 16-Year-Old Girl Following Human Papillomavirus Vaccination", Case Reports, British Medical Journal, 2012];

2. Guillian Barre Syndrome, Lupus, and a Host of Other Autoimmune Related Diseases ["Human Papillomavirus Vaccine and Systemic Lupus Erythematosus", Clinical Rheumatology, 2013];

3. Erythema Multiform, and Other Dermatological Disorders ["The Quadrivalent Human Papillomavirus Vaccine: Erythema Multiforme and Cutaneous Side Effects after Administration", Dermatology, 2010];

4. Nervous System Disorders such as Postural Orthostatic Tachycardia Syndrome (POTS), and Many Others ["Human Papillomavirus (HPV) Vaccines as an Option for Preventing Cervical Malignancies: (How) Effective and Safe?", Current Pharmaceutical Design, 2013];

5. Death ["Death after Quadrivalent Human Papillomavirus (HPV) Vaccination: Causal or Coincidental", Pharmaceutical Regulatory Affairs Journals, 2012].

Most of These Events Are Dismissed by Pharmaceutical Company "Experts" as "coincidental", occurring no more often then they might have with a placebo.

Gardasil's safety record; as presented by Merck to the FDA clearly showed its safety was not only as safe as a placebo but safer.

It's here that the waters begin to get a bit murky.

Like most studies that involve Vaccines the placebo used in the Gardasil trials contained an **Aluminum based Adjuvant "Amorphous Aluminum Hydroxy Phosphate Sulfate" (AAHS).**

Adjuvants such as AAHS are routinely added to Vaccines ["Aluminum Vaccine Adjuvants: Are They Safe?", Current Medicinal Chemistry, 2011].

While the FDA has stated that up to 850 μg/dose of AAHS is safe, **this is arbitrary and not based on safety evaluations.**

Aluminum in Vaccines

Aluminum Has Been Linked to a Number of Disorders of the Nervous System Gastrointestinal Tract, including but not limited to:

1. Multiple Sclerosis.

2. Crohn's Disease ["Aluminum as an Adjuvant in Crohn's Disease Induction", Lupus, 2012].

3. Gulf War Syndrome.

4. Alzheimer's Disease ["A Molecular Mechanism of Aluminum-Induced Alzheimer's Disease?", Journal of Inorganic Biochemistry, 1999].

5. Autism, and Amyotrophic Lateral Sclerosis ["Aluminum Hydroxide Injections Lead to Motor Deficits and Motor Neuron Degeneration", Journal of Inorganic Biochemistry, 2009].

So, **without the use of a true placebo can the true safety of Gardasil be evaluated?"** - in **"Gardasil: A Vaccine in Search of a Disease?"**, **How Silencing of Dissent in Science Impacts Woman.** The Gardasil Story, Advances in Sexual Medicine, October 2017.

Veterinary Medical Trade

"Vaccinations for our beloved Animal companions are just as controversial and potentially Damaging as Vaccines for Humans. A study found that 32% of cats Died within 24 months Following this Vaccination. Furthermore, the annual massive Vaccination Program instituted for canine parvovirus over 30 years ago, has been Linked With The Increasing Occurrence of Inflammatory Bowel Disease, and Heart Muscle Disease Cardiomyopathy, which is Often Fatal in Dogs. Finally, the established protocol of annual Re-Vaccinations for several types of animal Vaccines, which Yields Tremendous Revenue for Veterinarians, Has Been Called into Question." *- in "Radical Medicine", 2011.*

Vaccinating Animals

"Incomplete Vaccine attenuation or Vaccination of an immunosuppressed host can result in modified live Vaccines Causing The Disease, They Are Designed to Prevent. Examples of this problem are feline respiratory Vaccines Causing a mild upper respiratory tract Disease, after immunisation, and the development of Post Vaccinal Encephalitis subsequent to canine distemper Vaccination. An even more alarming example is Vaccine induction of clinical rabies *(Esh et al., 1982, Pedersen et al., 1978)." - Dr Tom R Phillips; Dr Ronald D Schultz, in "Veterinary Therapy" XI, 1992.*

"In the past, it was believed that Annual Vaccination would not hurt and would probably help most animals.

However, Concerns About Side Effects have begun to change this attitude.

The Client Is Paying for Something With No Effect, or with the Potential for an Adverse Reaction. I believe that Adverse Effects Are Increasing, Because We Are Putting More, and More Components Into These Animals.

There Is A Real Concern that Vaccines may Predispose certain Susceptible Individuals to Immune-Mediated Disease. The More Antigens We Administer, the Higher the Potential for Hyper-Sensitivity. All of these Hypersensitivies, Cause a Certain Amount of Tissue Damage. The more components we combine into a single dose of Vaccine, the more likely they are to Interfere with Each Other. Immune-Mediated Disease Has Developed in Humans Following Vaccination, as was seen with cases of Guillain-Barre Syndrome Following Swine Flu Vaccinations, and Rheumatoid Arthritis Following Influenza Vaccination. In many cases it is impossible to show a Direct Connection Between the Damage, and a Vaccine, since it is the accumulation of many antigens over many years, That Results In Clinically Evident Disease.

Vaccine Companies have:

"No Legal Obligation to Demonstrate Duration of Immunity."

It is my understanding that one should provide the current practice or art of medicine. If I or one of my colleagues were asked, we would have to say that There Is No Scientific Justification for Annual Vaccinations.

However, a veterinarian is in a tough situation if all the others in the community are Vaccinating annually, despite the scientific evidence.

I See No Justification for the use of canine Coronavirus or Lyme disease Vaccines. We are about to see a new Vaccine launched for canine Rotavirus.

I don't even know the disease it's supposed to prevent."
- Dr Ronald D. Schultz, Professor and Chair of the Department of Pathobiological Sciences, University of Wisconsin, in "Are We Vaccinating Too Much?", Journal American Veterinary Medical Association, 15 August 1995.

"Giving multiple Vaccinations Does Not Boost Immunity, and, in some cases may erode it. Of Course Vaccines can Trigger Neurological, and Endocrine Diseases.
There Is An Intimate Relationship Between the Immune, Neurological and Endocrine Systems. Boosting a mother's Vaccine prior to pregnancy will not increase the level of maternal immunity in the puppies." *- Dr Schultz, in "Seminar", USA, August 2001.*

The Fascinating Bidirectional Communication Between the Immune and Autonomic Regulatory Systems

"There is an Intimate Relationship Between the Immune System and Autonomic Motor Activity. Recently, it has come to light that while the Immune System Interacts Directly within Brain regions that regulate autonomic function, the Autonomic Nervous System innervates organs that contain immune cells, such as the spleen and bone marrow. Indeed, effects on immune cells of both the Parasympathetic and the Sympathetic Nervous System have been described. Moreover, both cholinergic receptors and adrenoceptors exist on immune cells and provide the substrate for their modulation (activation or inactivation) by Nervous and Hormonal Mechanisms." *- in "The Interplay Between the Autonomic and Immune Systems", Experimental Physiology, November 2012.*

Animal Vaccinations

"Because of Dogs like "Katy" developed Immune Mediated Hemolytic Anemia (where the body rejects its own blood); ***After her Annual Vaccinations. This Syndrome has been shown to be Associated with Annual Vaccinations."*** *- Bob Rogers, Doctor of Vet. Med., in "New Vaccination Protocols", 2 February 2001.*

Annual Vaccinations

"Annual Vaccinations: A practice that was started many years ago and that lacks scientific validity or verification is annual re-vaccinations. Almost without exception there is no immunologic requirement for annual revaccination. Immunity persists for years or for the life of the animal. Successful Vaccination to most bacterial pathogens produces an immunologic memory that remains for years, allowing an animal to develop a protective anamnestic (secondary) response when exposed to virulent organisms. Furthermore, revaccination with most viral vaccines fails to stimulate an anamnestic (secondary) response as a result of interference by existing antibody (similar to maternal antibody interference). The practice of Annual Vaccination in our opinion should be considered of questionable efficacy." *- in "Canine and Feline Vaccines", Kirk's Current Veterinary Therapy XI, 1992.*

Immune Mediated Haemolytic Anaemia

"Immune-Mediated Hemolytic Anemia is one of the most common immune-mediated hematologic disorders in dogs and cats." - in "Immune-mediated hemolytic anemia: Understanding the nemesis", Vet. Clin. North. Am. Small Anim. Pract., 2003.

"In Dogs, Immune-Mediated Hemolytic Anemia: Also occurs secondary to triggers, such as Infectious, inflammatory, and neoplastic diseases; Drugs; and **Vaccines.**

Important Differential Diagnoses for Hemolytic Anemia

Acetaminophen *
Cephalosporins *
Chlorpromazine *
Dipyrone *
Heparin *
Levamisole *
Methimazole/propylthiouracil *
Penicillins *
Phenazopyridine hydrochloride *
Procainamide *
Recent Vaccination *
Sulfonamides *
Topical benzocaine *
Vitamin K *
Quinidine *

(*) Denotes conditions that have been suggested to induce immunologic destruction of Red Blood Cells.

When a patient presents with possible Immune-Mediated Hemolytic Anemia, history should include a detailed account of any recent Medications or Vaccines." - in "Management of Immune-Mediated Hemolytic Anemia: A Common Hematologic Disorder in Dogs & Cats", Today's Veterinary Practice, July/August 2013.

Autoimmune Hemolytic Anemia Caused by Vaccine in Humans

"Medical Studies Show a Connection Between Vaccines, like the Flu Shot, and Autoimmune Hemolytic Anemia in both children and adults. Often these Vaccine-triggered cases Go Unreported. The Vaccine Adverse Event Reporting System (VAERS) managed by the FDA and CDC to collect data on rare Side Effects of Vaccines.

The most commonly reported Vaccines that Cause Autoimmune Hemolytic Anemia are:

I. Flu Shot

Reactions Commonly Associated with the Flu Shot:

1. Guillain-Barré Syndrome
2. Encephalitis
3. Intussusception
4. Bell's Palsy
5. Shoulder Injury (SIRVA)
6. Brachial Neuritis
7. Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)
8. Acute Disseminated Encephalomyelitis (ADEM)
9. Transverse Myelitis
10. Paralysis
11. Pemphigus
12. Autoimmune Hepatitis
13. Granulomatosis with Polyangiitis
14. Thrombocytopenia
15. Optic Neuritis – Neuromyelitis Optica
16. Fainting – Syncope
17. Dermatomyositis (JDM)
18. Rheumatoid Arthritis
19. Complex Regional Pain Syndrome (CRPS)
20. Henoch-Schlönlein Purpura
21. Aplastic Anemia

According to Health Resources and Services Administration, Influenza Vaccine has resulted in more individual compensation in the national Vaccine injury program than any other Vaccine.

Between 2006 and 2018, 3,456 petitioners were awarded compensation for Flu Vaccine-Related Injuries by National Vaccine Injury Compensation Program. Since 2017 has paid $775 Million in Compensation awards to Vaccine Injury Victims.

II. Pneumonia Vaccine

Severe Reactions include:

1. Severe shoulder pain or loss of arm movement (SIRVA).
2. Fainting after Injection (Syncope).
3. Increased risk of seizures in young children when administered at the same time as inactivated Flu Vaccine.
4. Allergic reaction.
5. GBS or Guillain Barre Syndrome.
6. Transverse Myelitis (TM).
7. Chronic Inflammatory Demyelinating Polyneuropathy.
8. Complex Regional Pain Syndrome.
9. SIRS or Systemic Inflammatory Response Syndrome.

III. Haemophilus B Conjugate (Hib) Vaccine

Reactions and Side Effects:

1. Shoulder Injury Related to Vaccine Administration (SIRVA)
2. Fainting or syncope
3. Brachial Neuritis
4. Guillain-Barre Syndrome
5. Anaphylaxis
6. Seizures

There is a Multi-Billion Dollar government program to compensate people who get Autoimmune Hemolytic Anemia After A Vaccine." - in "Autoimmune Hemolytic Anemia From A Vaccine", Vaccine Injury Lawyers Mctlaw, 22 September 2025.

> ***"Immune-mediated Hemolytic Anemia (IMHA) can be*** *primary (idiopathic) or secondary to neoplasia, infectious agents, inflammatory diseases,* ***Drugs, or Vaccinations. Mortality Rates for IMHA range from 20% to 75%,*** *depending on the severity of clinical signs and the extent of hypercoagulability." - in "Regenerative Anemias in Animals", MSD Veterinary Manual, Merk, July 2025.*

Immune Mediated Haemolytic Anaemia

"Immune Mediated Haemolytic Anaemia, when the immune system mistakenly attacks and destroys red blood cells, which can lead to:

1. Life-Threatening Anaemia (lack of red blood cells); this is extremely serious because red blood cells deliver oxygen all around the body, so it's not possible to live without them.

2. Kidney Damage; due to a surge of haemoglobin (contents of red blood cells) into the bloodstream.

3. Liver Problems, including Jaundice; producing a surge of bilirubin (a red blood cell breakdown product), into the bloodstream.

4. Blood Clots; which prevents the blood from reaching the Brain, Lungs, Spleen, Kidneys, Liver. This is a potentially life-threatening complication of Immune Mediated Haemolytic Anaemia.

5. Immune Mediated Haemolytic Anaemia; if left untreated: **Can Quickly Lead to Death.**" - in "Immune mediated haemolytic anaemia (IMHA) in dogs", PDSA, 10 May 2023.

Vaccine Associated Sarcoma; Cancers that Start in the Bones & Soft Tissues

"Feline Injection-Site Sarcomas are Cancerous Tumors that can arise Following Injections. *It is thought that* ***Inflammatory Processes Related to Administration of Injectable Products Can Lead to Formation of Sarcomas. Recent Studies Suggest that Vaccines, And Other Injected Agents Are Risk Factors for Feline Injection-Site Sarcomas."*** *- in* ***"Vaccines and Sarcomas: A concern for cat owners",*** *American Veterinary Medical Association, 7 December 2020.*

"Feline Injection-Site Sarcoma (FISS) is a subcutaneous Tumor that rarely arises in the dermis. It Commonly Develops at Sites of Vaccination; hence, in the past it was named "Vaccine Associated Fibrosarcoma", or "Post-Vaccinal Sarcoma." *- in "Feline Injection-Site Sarcoma", Veterinary Pathology, 2017.*

"Has a Cause-and-Effect Association Between Administration of Vaccines and Sarcoma formation been firmly established?

Dr Larry T. Glickman, VMD, DrPH, Department of Veterinary Pathobiology, School of Veterinary Medicine, Purdue University: Results of a study ("Epidemiologic **Evidence for a Causal Relation Between Vaccination and Fibrosarcoma Tumorigenesis** in Cats", J. Am. Vet. Med.

Assoc., 1993), indicate that **there is a Significant Association Between Prior Vaccination** for FeLV (odds ratio, 5.4) or rabies virus (odds ratio, 1.99), **and the subsequent development of a Fibrosarcoma at the Vaccination Site.** Furthermore, the risk of cats developing F**ibrosarcomas After Administration of a single Vaccine** in the cervical or interscapular region was approximately **50% higher than that in cats Not receiving Vaccines in those regions.**

The risk in cats that received 2 Vaccines was approximately 127% higher than that in cats not receiving Vaccines in those regions, and **the risk in cats that received 3 or 4 Vaccines was approximately 175% higher,** than that in cats not receiving Vaccines in those regions.

The magnitude of this association is fairly strong, but I don't believe that enough studies have been performed to determine that there is a consistent association.

Results of another study ("Postvaccinal Sarcomas in the cat: epidemiology and electron probe microanalytical identification of Aluminum", Cancer Res., 1992) reporting the presence of Aluminum Adjuvant in Fibrosarcomas developing at Vaccination sites provided some evidence for biological plausibility.

Dr Philip H. Kass, DVM, MPVM, PhD, DACVPM, Department of Population Health and Reproduction, **School of Veterinary Medicine, University of California**: I believe that through experimental work that has been performed and published, through observational and even anecdotal information that has now been generated over and over, and through the few epidemiologic studies that have been performed, although we can never truly prove anything in a scientific (and logical) sense, even through experimentation, T**here Is An Abundance of Evidence to Indicate that Vaccine-Associated Feline Sarcoma Is A Real Phenomenon, and the cost of waiting and doing nothing is much greater than the cost of acting now.**

Dr Wallace B. Morrison, DVM, MS, DACVIM, Department of Small Animal Clinical Sciences, School of Veterinary Medicine, Purdue University, **Representing the Veterinary Cancer Society**: There have been more than 2 studies concerning **Vaccine-Associated Feline Sarcomas published by Dr Kass ("Epidemiologic evidence for a Causal Relation Between Vaccination and Fibrosarcoma Tumorigenesis in cats", J. Am. Vet. Med. Assoc., 1993; "Multicenter case-control study of risk factors associated with development of Vaccine-Associated Sarcomas** in cats", J. Am. Vet. Med. Assoc., 2003).

Another Study ("Post Vaccination Sarcomas in Cats", J. Am. Vet. Med. Assoc., 1993), and Numerous Case Reports on Vaccine-Associated Feline Sarcomas have been published:

1. "Widespread Metastastisis of a Fibrosarcoma Associated with a Vaccination site in a Cat", Feline Pract., 1995.

2. "Metastasizing Liposarcoma Associated with a Vaccination site in a Cat", Feline Pract., 1996.

3. "Vaccine site-Associated Sarcomas in cats: clinical experience and laboratory review (1982–1993)", J. Am. Anim. Hosp. Assoc., 1996.

4. "Pulmonary and Mediastinal Metastases of a Vaccination-site Sarcoma in a Cat", Vet. Pathol., 1996.

5. "Metastatic Vaccine Associated Fibrosarcoma in a 10-year-old Cat", Canada Veterinary Journal, 1997.

Another interesting aspect is what pathologists tell us about the rather unique histologic appearance of these sarcomas and the ways they differ from other kinds of sarcomas.

There are also 2 studies, 1 in ferrets ("Histology and immunohistochemistry of seven ferret Vaccination-site fibrosarcomas", Vet. Pathol., 2003), and 1 in dogs, ("Fibrosarcomas at presumed sites of Injection in dogs: characteristics and comparison with non-vaccination site Fibrosarcomas and feline Post-Vaccinal Fibrosarcomas", J.

Vet. Med. A. Physiol. Pathol. Clin. Med., 2003), on the development of presumptive Vaccine-Associated Sarcomas in other species, and the histologic appearance of sarcomas in those species was similar to what has been seen in cats, **including the presence of Aluminum in Tissues** ("Histology and immunohistochemistry of seven ferret Vaccination-site Fibrosarcomas", Vet. Pathol., 2003, "Fibrosarcomas at presumed Sites of Injection in dogs: characteristics and comparison with non-vaccination site Fibrosarcomas and feline Post-Vaccinal Fibrosarcomas", J. Vet. Med. A. Physiol. Pathol. Clin. Med., 2003).

I Believe it is a Complete Story, and I'm Confident that There Is An Association between Vaccine Administration and Sarcoma Development in cats.

Dr Jane E. Brunt, DVM, Cat Hospital at Towson, Baltimore, MD: **I've seen Vaccine-Associated Sarcomas, As Have my colleagues.**

It seems clear to me and my colleagues in American Association of Feline Practitioners (AAFP), that results of additional studies are not needed to prove that there is an Association Between Vaccine Administration And Sarcoma Formation in cats.

Is there any evidence that the incidence has changed as a result of newly recommended feline Vaccination protocols?

Dr Ronald D. Schultz, PhD, Department of Pathobiological Sciences, School of Veterinary Medicine, University of Wisconsin: **Vaccination of cats for rabies has not decreased; if anything, it's increased because there are actually more states requiring it than was the case in the early 1990's.**

So, I would not expect to see any decrease in the incidence of Vaccine-Associated Sarcomas strictly because of a change in the number of cats receiving rabies virus Vaccines. Something that has changed, though, is the availability of non-adjuvanted rabies virus Vaccines.

Perhaps that is an area that we should investigate further.

Again, for the sake of argument, let's assume that **FeLV Vaccines, or at least a certain number of them, cause a problem.**

Dr Thomas H. Elston, DVM, DABVP, The Cat Hospital, Tustin, CA, Representing the American Association of Feline Practitioners: In an admittedly small sample size is that in my practice, where **90% of my patients no longer receive FeLV Vaccines, during the last 5 years, I have not seen any Fibrosarcomas Associated with FeLV Vaccines, but continue to see as many Fibrosarcomas Associated with Administration of rabies virus Vaccines.**

Dr Larry T. Glickman: Monitoring the ratio of Vaccination site to nonvaccination site Sarcomas is a good indicator of change, even if numbers of submissions of masses to laboratories vary.

Results of 1 study **("Feline Fibrosarcomas at Vaccination sites and non-vaccination sites", J. Comp. Pathol., 1996), Clearly Indicate that the ratio of Vaccination site Sarcomas to non-vaccination site Sarcomas seen in a typical diagnostic laboratory has Increased Dramatically.**

In 1989, the ratio was 0.54, meaning **there were half (54%) As Many Vaccination site Sarcomas as there were non-vaccination site Sarcomas.**

A year later, the ratio was 1.0 (100%); it More Than Doubled.

In 1991, the ratio was 1.47 (147%); in 1992, it was 1.86 (186%); in 1993, it was 2.6 (260%); and in 1994, it was 4.3 (430%).

Are Vaccine-Associated Sarcomas a Problem Outside of North America?

Dr Wallace B. Morrison: Papers published from Italy ("Fibrosarcomas at presumed sites of Injection in dogs: characteristics and comparison with non-vaccination site fibrosarcomas and feline Post-Vaccinal Fibrosarcomas", J.

Vet. Med. A. Physiol. Pathol. Clin. Med., 2003); and the Czech Republic ("Postinflammatory Sarcoma in cats", Exp. Toxicol. Pathol. 2003) report them.

In fact, they are seen throughout Europe ("Immunohistochemical expression of p53, fibroblast growth factor-β, and transforming growth factor-α in **Feline Vaccine-Associated Sarcomas"**, Vet. Pathol., 2003).

Dr Lawrence D. McGill, DVM, PhD, Animal Reference Pathology, ARUP Laboratories, Utah: **In my personal experience in pathology, I've Seen Cases from Japan.**

Dr Mattie J. Hendrick, VMD, DACVP, Department of Pathobiology, School of Veterinary Medicine, University of Pennsylvania, Epidemiology/Pathology Chair: **And Australia ("Do Postvaccinal Sarcomas Occur in Australian cats?"**, Australia Veterinary Journal, 1997).

Dr Larry T. Glickman: It's a Worldwide Problem." - in **"The current understanding and management of Vaccine-Associated Sarcomas in Cats",** Vaccine-Associated Feline Sarcoma Task Force: Roundtable Discussion, Journal of the American Veterinary Medical Association, 1 June 2005.

History of Injection-Site Sarcomas Association with Aluminum

"Over 20 years ago, pathologists from the University of Pennsylvania reported an alarming 61% increase in the number of Injection-site Fibrosarcomas among feline biopsy accessions from 1987 to 1991.

This increase was epidemiologically linked to the enactment of a Mandatory 1987 Rabies Vaccination law for pet cats residing in Pennsylvania.

Adjuvants Role in Pathogenesis of FISS

Vaccine-Associated Sarcoma (now known as FISS).

In 1985 the first FeLV Vaccine (inactivated, Aluminum Adjuvanted), is introduced (Leukocell, Norden Laboratories).

In 1993, an epidemiologic study involving 345 cats with Fibrosarcoma provided evidence that Vaccination with feline leukemia virus (FeLV), and rabies virus Vaccines Could Lead to Tumorigenesis at the Injection Site." - in "Feline Injection-Site Sarcoma", Today's Veterinary Practice, July/August 2013.

Vaccination Induced Fibrosarcomas

"Because of Cats like "Maria" **developed a Fibrosarcoma from her Annual Rabies and Leukemia Vaccinations.**

This is a Terminal Type of Cancer.

Even with surgery, chemotherapy and radiation therapy, the average survival time for cats with Vaccination Induced Fibrosarcomas is less than 3 years.

Because Aluminium Adjuvants have been incriminated, we have avoided Aluminium Adjuvants for over 10 years.

1. Titers of antibody levels do not accurately predict immunity or lack of immunity.

2. There is no Scientific Data to support manufacturers label directions to re-administer Modified live virus (MLV) Vaccines annually.

3. Vaccines are Not Harmless. In addition to Immune Mediated Haemolytic Anaemia, and Injection site Fibrosarcomas mentioned above Adverse Events, and Reactions will be discussed with each individual Vaccine.

4. There Is No Justification for Vaccination of Dogs for Corona Virus. (23)

5. There Is No Justification for Vaccination of adult cats for Feline Leukemia. Cats over 1 year of age are immune to FeLV Whether they are Vaccinated or Not. This is age related immunity.

6. Vaccines should Not be Marketed in areas of the country where the diseases are very rare. Leptospirosis and Lymes disease are not prevalent in Texas.

7. The Risk for Side Effects Outweigh the possible benefits for diseases like Feline Chlamydia , & Canine Leptospirosis.

8. Owners should be accurately informed of efficacy, risk vs. benefit, prevalence of disease, and potential side effects of each Vaccine.

9. The USDA, APHIS, Center for Veterinary Biologics needs to revise its standards for licensing animal Vaccines." - Bob Rogers, Doctor of Veterinary Medicine, in "New Vaccination Protocols", 2 February 2001.

Vaccinations Not Recommended For Dogs

"Multiple Components in Vaccines compete with each other for the immune system and result in lesser immunity for each individual disease as well as increasing the risk of a reaction. (19)

1. Coronavirus Vaccine

Canine Coronavirus is only a disease of puppies less than 6 weeks of age (15- p20). It is a rare, self-limiting disease (**dogs get well in 3 days without treatment)** (3).

Corona Virus does not cause disease in adult dogs.

Cornell University and Texas A&M University have only diagnosed one case each in the last 7 years.

For a veterinarian to Make a Diagnosis of Coronavirus Based On Clinical Signs Is Highly Presumptive.

Only Electron Microscopy of Feces Can Verify the Presence of canine Coronavirus.

This is Only Done at places such as Texas A & M Diagnostic Laboratory, and they report no positive tests. The presence of the virus does not indicate it is the cause of disease. **Dogs over 6 weeks of age cannot be experimentally induced to exhibit disease from Coronavirus. Immunologists have reason to believe that the Vaccine Does Not Work.**

Mucosal secretory IgA antibodies would be necessary to protect a dog against this disease & an injectable vaccine will not provide this type of protection. (13, 19- p18, 21).

I see No Justification for the Use of Coronavirus Vaccine. In 1985 a significant number of dogs (>189) Died from Encephalitis caused by Coronavirus Vaccine, combined with the Rockborn strain distemper. (3, 21)

An unfortunate & heartbreaking catastrophe caused by an Unnecessary Vaccine.

2. Leptospirosis Vaccine

Is a **Common Cause of Adverse Reactions** in dogs ranging from: **Life Threatening Anaphylactic Reactions to mild facial swelling and Urticaria.**

Leptospirosis is an Infection of the Kidneys and Liver. The most commonly used Vaccines contain different serovars-L. canicola & L.icterohaemmorrhagiae.

Cross protection is not provided and protection is short-lived (6 - 7 months) (19). New Vaccines recently introduced by Fort Dodge include L. gryppothyposa., and L. pomona. Records at Texas Veterinary Diagnostic Lab showed only 8 Cases of Leptospirosis in dogs in Texas in 2000. L. Icterohaemmorrhagiae 3 Cases, L. canicola 2 Cases, pamona 2 Cases, L grippotyphosa 1 Case. Although this is a serious and life threatening disease, in a state with an estimated dog population of over 7 Million, **I Do Not Think The Risk Justifies Routine Vaccination.**

This Vaccine Should Not Be Given to puppies less than 16 weeks of age as **it is very immunosuppressive. It Can Interfere with immunization against parvo & distemper. Reactions are common. The risk of side effects outweigh the benefits.**

3. Lymes Disease Vaccine

A Report by Dr Jacobson recorded **790 dogs which developed Polyarthritis after Vaccination with Lymes Disease Vaccine. These dogs did not show antibody titers suggestive of previous Lymes disease infection. There is a class action suit in human medicine for failure to warn people about the possibility of developing polyarthritis from human Lymes Disease Vaccine.**

The effectiveness of the Vaccine is reported to be low.

Because of the questionable efficacy most veterinary schools do not recommend Lyme Disease Vaccine.

Lyme disease prevention should emphasize early removal of ticks.

Ticks must be attached to the dog for 24 hrs to transmit the disease. Amitraz collars are more effective than Top Spot as Amitraz paralyzes the tick's mouth parts preventing transmission of disease (11).

Amitraz tick collars should be used with extreme caution, as they are toxic if chewed on or swallowed by a dog or children.

This is an important aid in tick control but will not prevent the transmission of tick born diseases like Lymes disease, Ehrlichia, Babesia or Rocky Mountain Spotted Fever. **Vaccinating pets against Lymes disease does not provide any protection for the owners.**

Vaccination Concerns

The AVMA Council on Biologic and Therapeutic Agents presented their consensus at the July, 2000 137th Annual AVMA Convention.

They focused on the following points:

1. When an **Annual Booster Vaccination** with a modified live virus vaccine (i.e. Distemper, Parvovirus or Fe Distemper), is given to a previously vaccinated adult animal - **no added protection is provided.** Antibody titers are not boosted significantly, memory cell populations are not expanded. N**o additional protection is provided.** (23)

2. Vaccine Manufacturers label claims should be backed by scientific data. There Is No Scientific Data to support label directions for re-administration of MLV Vaccines Annually. (23)

3. Vaccines Are Not Harmless. Unnecessary Side Effects, and Adverse Events can be minimized by Avoiding Unnecessary Vaccinations.

4. Veterinarians need a standard procedure to report Adverse Events from Vaccinations.

Unfortunately, members of the Council on Biologic and Therapeutic Agents appear to have yielded to Political Pressure within the American Veterinary Medical Association, and from Drug Companies. Their final document, "Principals of Vaccination" is so watered down and so ambiguous in its wording, that it is hard to decipher, and can easily be misinterpreted. In many instances they did an **About-Face Without Any Scientific Basis.** In the practice of medicine, the emphasis should be on safety, and that **no medicine should be given more frequently, longer, or at a higher dose than is necessary. Some organizations have come up with a political compromise suggesting Vaccinations every 3 years (15-p41) to appease those who Fear Loss of Income vs. those concerned about Potential Side Effects. Politics, traditions, or the Doctor's Economic Well Being Should Not be a Factor in Medical Decisions."** - Bob Rogers, Doctor of Veterinary Med., in "Vaccination Concerns", 23 Nov. 2002.

"Risk of immune-mediated hemolytic anemia and Allergic Reactions are reduced by less frequent use of Vaccines as well as by Avoiding Unnecessary Vaccines such as K-9 Corona Virus, and chlamydia for cats, and Ineffective Vaccines such as Leptospirosis and FIP. Intranasal vaccines for Rhinotracheitis and Calici virus, (two upper respiratory viruses of cats) when used following parenteral Vaccines may provide a more complete protection than injectable vaccines alone, and with less Risk of Serious Reactions. I think you will agree that No Medications should be given more frequently, at a higher dose or for a longer period of time than is necessary to treat or prevent disease, without side effects. Vaccines should be treated the same way." *- Bob Rogers, Doctor of Veterinary Medicine, in "Conclusions",* ***4 February 2001.***

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The Corona Vaccine: Is A Vaccine In Search Of A Disease, Don't Use The Vaccine - 2007

"In 1999 the World Health Organization (WHO) listed the veterinary Vaccine adjuvant as having a Carcinogensis rating of 4 which is high.

That was mostly due to the Aluminum Hydroxide. Too many vets don't know they are ignorant and haven't even ever thought of what they are doing (not 2 % of the populations of vets that do inject Vaccines have a clue as to what is on the Material Safety Data Sheet (Safety Data Sheet) about that Vaccine and could even answer a multiple question test about the contents, safety factors and long term carcinogenic studies done). Kennel Cough is Not A Vaccinable Disease, realize this and stop the boarding kennels from making the dogs sick.

In People, Cows, Dogs, Cats, Horses, Birds Etc., the Respiratory Disease Complex Is Also Not A Vaccinable Disease.

Stress, Diet, Crowding, Ventilation: all play a part in who gets what and how bad they get it.Anytime you inject anything into a patient you have the potential of killing them. **Corona Vaccine Is A Vaccine In Search Of A Disease. Don't Use The Vaccine. For 15 years there was one Feline Leukemia Vaccine out there on the market that was used in thousands and thousands of cats, and yet was no more effective of inducing immunity against "Feline Leukemia virus" than salt water! The Vaccine was able to induce an anti-body reaction and this is the only requirement for a Vaccine to get licensing. In other words, they don't have to work! Coronavirus Vaccine was never licensed in Europe, Why? Because they knew it never worked.**

In the US we have the FDA, we have conflict research, we have conflict interrelationships, bribes. We have a system you can not trust. Vets out of school 10 years or longer, have had little to no immunology, and no Vaccinology. Don't expect them to have a clue on what they are doing when Vaccinating. In the case of genetic damage over time, and cancer production, it never is fully realized and certainly never acknowledged. Rabies is the only regulated Vaccine.

Rabies is also the Vaccine most likely to lead to an Adverse Event. Veterinarians that are Administering Rabies yearly, for the sake of Vaccinating yearly: Are Committing Malpractice, and Should be Prosecuted.

What Is Going On In Human Medicine Is Obscene

Dr Schultz used to look to the medical profession for guidance on the application of Vaccine protocols, but understands that: What Is Going On In Human Medicine Is Obscene. He states that if the Vaccine Protocol Doesn't Kill the child, It Will Render Them Unable to think!" - in "Summary of a Presentation by Dr Ron Schultz", Journal of the American Holistic Veterinary Medical Association, October - December 2007.

The Dental Medical Trade

Mercury Is One of the Most Toxic Elements On the Earth's Surface

"Chronic exposure to Elemental Mercury Hg0 (one of the most toxic elements on the earth's surface), results in vomiting, abdominal pain, renal tubular necrosis, emotional changes, and cognitive deficits, whereas severe lung and neurological damage is caused by acute exposure to Elemental Mercury Hg0.

The toxicological effects of mercurous compounds include abdominal pain, nausea, vomiting, toxicity of blood, damage to the central nervous system, memory disturbances, fatigue, muscle weakness, and kidney damage.

Additionally, human exposure to mercuric compounds causes numerous issues such as memory and concentration troubles, irritation of skin and eyes, toxicity of the reproductive system of both males and females, malfunction of the immune system, loss of appetite and weight, and changes in mood and personality." - in "The Toxicity of Mercury and Its Chemical Compounds: Molecular Mechanisms and Environmental and Human Health Implications: A Comprehensive Review", ACS Omega, 22 January 2024.

Mercury Is A Harmful Neurotoxin

*"**Dental amalgam is a mixture of metals, consisting of liquid (elemental) Mercury** and a powdered alloy composed of silver, tin, and copper. **Approximately half (50%) of dental amalgam is Elemental Mercury by weight."** - in "Dental Amalgam Fillings", U.S. Food and Drug Administration, 18 February 2021.*

"Mercury Is A Potent Neurotoxin that can Harm the Nervous, Digestive, Immune Systems, as well; Lungs, Kidneys, Skin, Eyes, even at low levels of exposure. Its organic form, Methylmercury, is particularly Dangerous to Unborn Babies, and can move through the food chain building up in insects, fish and birds.

> ***"Dental Amalgam is tried and tested material and pulling the plug without a transition period Would Effectively Bankrupt NHS Dentistry." - Eddie Crouch, British Dental Association chair.***

Britain is lagging behind the rest of the world on phasing out mercury dental fillings, with 43 countries having already banned Mercury Amalgam.

Northern Ireland will outlaw Mercury fillings from 2035 but No Such Ban Is Planned in the Rest of Britain." - in "Toxin levels in fish lead to calls for UK-wide ban on Mercury Dental Fillings", The Guardian, 30 October 2025.

> *This Chapter, in its entirety is from the Book: Emunctology Reference Manual, Chapter 35.*

Government Withholding Data Linked to Covid Vaccines Excess Deaths, Because It May Upset Relatives

"The public health watchdog has been accused of a cover-up after refusing to publish data that could link the Covid Vaccine to Excess Deaths. The UK Health Security Agency (UKHSA) argued that releasing the data would lead to the "distress or anger" of bereaved relatives if a link was found. Public health officials also argued that publishing the data risked damaging the "well-being" and "mental health" of families and friends of those who Died.

A cross-party group sounded alarm about the "growing public and professional concerns" at the UK's rates of Excess Deaths since 2020." - in "Watchdog keeps Covid Vaccine Death Data secret Health officials argue that coming clean would risk distressing grieving relatives if link is spotted", Sunday Telegraph, 16 November 2025.

DTP Vaccine Is Associated With Increased Female-Male Mortality

"In 1992, the World Health Organization (WHO) rescinded the recommendation of high-titer measles Vaccine (HTMV) because it was associated with increased female mortality. when children in Guinea-Bissau and Senegal were followed to 5 years of age, HTMV compared with standard-titer MV at 9 months of age was associated with 2-fold higher female mortality.

When a similar trend was found in Haiti, WHO withdrew the recommendation of HTMV. Hence, an effective Vaccine was withdrawn due to sex-differential effects on survival.

There was no explanation of how an effective Vaccine could be associated with higher female mortality. It took a decade to find an explanation that fitted all available data. Studies had suggested that nonlive diphtheria-tetanus-whole-cell-pertussis (DTP) Vaccine was associated with higher female mortality. HTMV was given at 4–5 months of age and most children received doses of DTP or inactivated polio Vaccine (IPV) after HTMV.

We tested whether female mortality was due to the nonlive DTP and IPV vaccines being administered after HTMV.

In Sudan, Senegal, and Guinea-Bissau, female mortality was higher if DTP/IPV was administered after HTMV but not among control children who received MV at 9–10 months and were less likely to receive a nonlive Vaccine after MV. When children did not receive DTP/IPV after HTMV, there was no increase in female mortality.

Hence, the sequence with nonlive Vaccine after early MV — and not HTMV per se — explained the increased female mortality." - in "Diphtheria-Tetanus-Pertussis (DTP) Vaccine Is Associated With Increased female-Male Mortality. Studies of DTP administered before and after measles Vaccine", The Journal of Infectious Diseases, 1 June 2021.

Questions Between Vaccinated And Non-Vaccinated Children

"In summary, few studies have comprehensively assessed the association between the entire immunization schedule or variations in the overall schedule and categories of health outcomes, and no study has directly examined health outcomes and stakeholder concerns in precisely the way that the committee was charged to address in its statement of task. **No studies have compared the differences in health outcomes** that some stakeholders questioned **between entirely unimmunized populations of children and fully immunized children.** Experts who addressed the committee pointed not to a body of evidence that had been overlooked but rather to the fact that **existing research has not been designed to test the entire immunization schedule.**" - in "The Childhood Immunization Schedule and Safety: Stakeholder Concerns, Scientific Evidence, and Future Studies", Institute of Medicine, National Academies Press, 27 March 2013.

"It's concerning to see more children getting measles.
Vaccines are safe, effective and can be life saving. We're urging all parents to check their children are up to date with their recommended vaccinations. Our country expects its leaders to stand firmly behind science to protect our children, not to give oxygen to conspiracy theories." *- Keir Starmer, UK Prime Minister, @Keir_Starmer, Twitter, 17 February 2026.*

What You Were Never Told About Vaccines

"I have spent my entire adult life in academia, university, and clinical health science studies, practice, and research. My affinity for the brain and behavioural sciences stemmed from a genuine desire to find answers to many unanswered questions, questions such as: Why are we here?

What makes us human?, and What causes illnesses like schizophrenia, dementia, multiple sclerosis, learning disabilities, and many other often debilitating illnesses.

My area of expertise is in neurobehavioral assessment of brain and behavioral disorders.

Bachelor's degree in Biological Psychology.

Graduated valedictorian with an 88% cumulative average from Nipissing University, North Bay Ontario, Canada, in my core area of specialty.

Masters degree was in Child Development with my main thesis in language and neurocognitive development in children and adolescents (Laurentian University).

Undergraduate course grades in Brain and Behaviour (98%), and Neurobiology (94%). I was ranked in the top of medical residents during my emergency medicine residency rotations in Ottawa.

I have taught courses on Brain and Behaviour; Neurology; Neuropsychology; and Neuropsychiatry at the University of Ottawa (1993-2005); and full courses in Neurbobiology at Atlantic Baptist University, Moncton, Newbrunswick, Canada. My clinical training during the PhD was in Clinical Neuropsychology at the Baycrest Hospital, Rotman Research Institute; University of Toronto, and Credit Valley Hospital, Ottawa Health Sciences Center memory Disorders Clinic.

My PhD Thesis was in Functional Brain Imaging, and Neuro-Electrophysiology, Univiversity of Toronto.

I subsequently completed a Medical Degree at the McMaster University, Hamilton, Ontario.

During the PhD my extra-curricular training was in Behavioural Neurology and Clinical Neuropsychology.

My clerkship electives training during Medical School was in Clinical Neurology.

The residency training was in Psychiatry / Neuropsychiatry, receiving the licentiate of the Medical Counsel of Canada in 2006, having passed the core knowledge (LMCC 1) and clinical skills (LMCC 2) exams consistent with the United States Medical Licensing Exams (USMLE parts 1 and 2).

Pursued a Medical degree solely to further understand Brain and Behavioural Disorders, from a clinical medicine frame of reference, rather than pursuing a goal to become a practicing / prescribing physician.

The Brain and Nervous System

The Brain and Nervous System; is wired in a very specific format. Functions are localized to specific areas.

Having studied brain and behaviour, neurosciences, clinical neuropsychology, child neurodevelopment, functional brain imaging, clinical neurology, clinical neuropsychiatry, clinical medicine, immunology, hematology, tests and measurement, and understanding the tools and assumptions and techniques of mainstream medicine, I fell in the unique position of having being able to see clinical medicine problems, from a multitude of simultaneous areas of expertise and scientific knowledge.

Relative to the human brain, I understood "rules and laws" of brain function relative to brain damage and the mechanisms of medical physiology that can uniquely cause unique patterns of brain damage in ways that my clinical skills could detect, that mainstream neuroimaging cannot.

The initial Aha moment was in 2001.

I was seeing, Autistic patients, coming out of medical school; they had a trans-cortical motor aphasia, isolation of speech syndrome, and very specific cranial nerve palsies that could Only be accounted for by ischemic stroke.

Remarkably, my studies of dementia, and research exposure to neuroimaging modalities and brain and behavioral assessments before medical school contributed to

my ability to "see" what has been in front of our eyes all along; Ischemic Strokes, and Brain Damages; from Vaccinations.

The problem has been we neither knew how to measure, when to measure or what to measure, let alone what the limitations were, of the tools we have been using to measure brain integrity, in health, disease and disorder. It has taken the past several years to decipher how ischemic brain damages were happening in the Autism we were seeing and the many other neurodevelopmental disorders." - Dr Andrew Moulden, MD, in "What You Were Never Told About Vaccines", VacTruth, 21 July 2009.

Injury By Vaccines

Vaccines cause both Blood and Oxygen Starvation, which leads to Inflammation.

> *"Given the brain's uniquely high cell density and tissue oxygen levels bordering on hypoxia, the ability to rapidly and precisely match blood flow to constantly changing patterns in neural activity is an essential feature of cerebrovascular regulation. Increases in cerebral blood flow correlate most closely with postsynaptic neural activity. The commonly observed sensory-mediated decrease in surround blood flow, or negative blood oxygenation level-dependent phenomenon; has been attributed to an inhibition of neural activity. Additionally, decreases in blood flow can occur in the face of increased glucose uptake, showing that blood-flow suppression can be driven by metabolism-independent mechanisms." - in "The locus coeruleus-norepinephrine network optimizes coupling of cerebral blood volume with oxygen demand", Journal of Cerebral Blood Flow & Metabolism, 8 August 2012.*

Some types of inflammation, increased blood viscosity and clotting; the result of which are "Mini-Strokes" also known as; "Warning Strokes", are caused by a temporary disruption in the blood supply to the brain.

It is a well known clinical fact, that Transient Ischemic Attacks, can be triggered by inflammation.

Thus, Mini-Strokes can and do cause Neurological Damage, which may lead to Autism.

MicroInfarcts Lead To Neurological Impairment

"Demonstrating a causal relationship between cerebral Microinfarcts and Cognitive Impairment. Edema formation and localized blood–brain barrier disruption. Three days after diffuse stroke induction, mild Cerebral Edema formation was observed." - in "Cognitive Deficits and Delayed Neuronal Loss in a Mouse Model of Multiple Microinfarcts", The Journal of Neuroscience, 12 December 2012.

> *"Animal model in which the complex progression and, ultimately, the cognitive impact of mini-strokes could be observed. In most instances, these strokes result in a prolonged period of damage to the brain. A small fraction of these Microinfarcts unfold in a manner similar to acute strokes; cell death is immediate and the brain quickly seals off the site of the stroke and begins to "digest" the damaged tissue. A second and far more common form of mini-stroke (incomplete lesions) where the cell death can drag on for several weeks." - in "Study Details Brain Damage Triggered by Mini-Strokes", University of Rochester Medical Center Rochester, 12 December 2012.*

"In most microinfarcts the injury is incomplete. There is no scar tissue to separate the stroke site from the rest of the brain and the cells that would normally support the neurons may not function properly. As a result, the neurons at the site continue to slowly die like a smoldering fire. This suggests that, unlike acute ischemic strokes where the cell death occurs in the first 24 hours, there is a longer period in which we can medically intervene and stop the neuronal death that results from mini-strokes." - Dr Maiken Nedergaard, MD, Professor of Neurosurgery, University of Rochester Medical Center, in "Study Details Brain Damage Triggered by Mini-Strokes", University of Rochester Medical Center Rochester, 12 December 2012.

"All Vaccines, from infancy to geriatric, are causing the exact same brain damages irrespective of what disease or disorder comes out. The damages are specific to end vascular "mini strokes" that are beneath the resolution of our neuroimaging, but measurable in a before and after Vaccination protocol. They are also directly measurable in real time; however, this involves techniques and technology I have not disclosed to the public as yet. The evidence is self evident. I have conclusive evidence to show that All Vaccines are causing the exact same damages for us all." - Dr Andrew Moulden, MD, in "VacTruth", 21 July 2009.

"Canadian Physician Dr Andrew Moulden, MD, (2010-2011) his training during medical school was in Clinical Neurology (The College of Physicians and Surgeons of Ontario No. 75384). His medical residency training was in Psychiatry/Neuropsychiatry provided evidence to prove that every Vaccine produces harm. Dr Moulden, MD observed certain clinical indicators of stroke in children and adults after they received Vaccines. Infants who once had perfectly symmetrical facial features suddenly developed asymmetric features, which were the same types of changes that appear when an adult has a stroke.

A stroke is caused by impaired blood flow to a part of the brain, which deprives cells of oxygen and causes cells to die.

He observed that the normal alignment of the eyes would change after Vaccination.

Suddenly, one of the eyes would turn slightly inward or sometimes outward when compared to the other eye.

He saw that one corner of the mouth would droop downward when the person smiled.

He saw that there would be a loss of muscle tone in the area of one of the cheeks where it is nearest the nose and the upper lip. Sometimes these changes were temporary and sometimes they were permanent.

Because of his training in brain physiology and acquired brain injury, he knew that these visual signs were signs of mini-strokes, which were associated with damage to specific cranial nerves in the brain.

These nerves control the muscles of the face.

People may not have been aware of having a mini-stroke, because the brain does not have a pain response to impaired blood flow, nevertheless their brains were being damaged.

There are several causes for strokes, which include blood clots, vascular thrombosis, vascular swelling, and the sludging of blood in the capillary beds of the brain.

Strokes from blood clots and thrombosis.

If the impaired blood flow occurs in the region of the brain that controls respiration, then breathing can be impaired, and in some cases can be completely stopped.

If this happens, then sudden death from respiratory arrest will occur.

Preventing Damage to the Brain and Other Organs

The best way to prevent brain damage from Vaccines is not taking Vaccines. This combined with drinking clean water, breathing clean air, and eating whole food; not contaminated with pesticides, then we are reducing our risks of disease." - in "Every Vaccine Produces Harm", 2015.

"Science is only a man-made truth-seeking tool. It is fallible. It is a statistical, probabilistic mathematical model. It has limitations. Wielded for profit; truth can become lost. Scientific methods, design, and analyses can just as soon hide the truth as they can discover truth, or create "truth." Science cannot replace God-given tools of common sense and observation we all have. You do not need statistical probabilistic mathematical models, wielded by experts, to deny what you can see with your very own eyes. All vaccinations cause brain damage, disease, chronic illness, aging, and death the truth speaks for itself." - Dr Andrew Moulden, in "Vaccinations are causing impaired blood flow (Ischemia), Chronic Illness, Disease and Death for us all", VacTruth, March 2009.

"Vaccines; have produced; profound damage to humans, in the history of humanity. And the reason why, is because of: Our arrogance in thinking that we know everything. In physiology and medicine, which we know nothing! The Greed of the Pharmaceutical Industry to advance its own self-interest; to make money; to sell products, and to advance Corporate Alliances.

Commercialisation has overtaken the fundamental human value of:

"Whatsoever ye would that men should do to you, do ye even so to them; for this is the law." - Matthew 7:12

When society turns toward this human value; then we would all be working together for the greater good of each other. However, other values have become more important:

"I don't care whose feet I step on or how I get there as long as my American dream is realised. I don't care who has to pay for it on the way of getting there".

In November 2010, I returned to my PhD training to complete a full year accredited Clinical Neuropsychology internship at the Baycrest Center for Geriatric Care in Toronto. During this time I also taught a University course on Health Medicine at York University, Toronto.

I stopped talking about my research and Vaccines.

The Public Health Department advocated that I Not be allowed to return to clinical medicine as they were incensed by the message of my lectures and teaching prior to "disappearing." The only way I was allowed to return to organized medicine to work with medical patients was if I signed a contract drawn up by the public health department.

We are selling you Vaccines, for profit, which are causing illnesses and death.

We then sell you symptom based pharmaceutical products, for profit, to treat the damages and disorders we have caused.

Remarkably, I can now say that the Vaccine damages extend to the realm of cancers in addition to varied autoimmune and neurodevelopmental disorders.

All Vaccinations are causing "silent" brain and organ damage. This is now proven. The damages are additive and summative with each Vaccination given.

God heals, and the doctor collects the fee.

We have reached a time in history that we must return to paying fees to the master physician.

The medical sciences, with their dogma and discourse, have clearly led us a stray." - Dr Andrew Moulden, MD, in "Every Vaccine Produces Harm", 2015.

We Are All Being Harmed by Vaccinations

"This evidence must be circulated broadly in light of the imminent Fall, 2009 plan to turn North American schools into mass Vaccine centers to institute triple flu Vaccine to all. Children will be the first to be injected with experimental flu Vaccines. The entire Vaccine Industry, as it turns out, has been experimental.

The same thing will happen as has been happening with all Vaccines. Clinically silent ischemic brain and body damages will happen.

All Vaccines are causing immediate and delayed, acute and chronic, waxing and waning, impairments to blood flow, throughout the brain and body. This is causing us all to become chronically ill, sick, and causing brain damages along a continuum of clinically silent to death.

This is causing ischemic "strokes". In some respects, this is also "aging." Since the damages are microscopic, we cannot see them as they occur.

However, we can now see the neurological aftermath of these damages; within hours and days of Vaccination.

> *"And I heard another voice from heaven, saying, Come out of her, my people, that ye be not partakers of her sins, and that ye receive not of her plagues." - Revelation 18:4*

All Vaccinations Are Causing Chronic Illness, And Mass Disorders; on mass scales.

The global health consequences clearly amount to plaques. Science is only a man made truth-seeking tool. It is fallible. It is a statistical, probabilistic mathematical model.

It has limitations. Wielded for profit, truth becomes lost.

Scientific methods, design, and analyses can; just as soon; hide the truth as they can discover truth, or create "truth" de-novo (a-new).

Science cannot replace God given tools of common sense and observation we all have. You do not need statistical probabilistic mathematical models, wielded by experts, to deny what you can see with your very own eyes.

All Vaccines have been causing "burns" to body and brain. The brain has no pain receptors. You will not feel the pain. You can, however, see the footprints of these "burns" immediate and delayed, from each Vaccination. Are emerging, after each vaccination. The "burns" are largely to internal organ systems. We can All now see the damaging effects of these "burns" with our own eyes.

1. As a physician, it is my sworn duty to cause no harm.

2. As a Human being, it is my duty to watch over my fellow beings.

3. As an Educator, it is my responsibility to teach awareness and understanding.

4. As a Scientist, it is my duty to separate cause from coincidence.

5. As a Christian, it is my value to do unto others, as I would have others do unto myself.

6. As a Man, it is my responsibility to stand up to power, with truth and understanding, when those that wield power are in error.

All Vaccinations cause Brain Damage, Disease, Chronic Illness, Aging, and Death "res veritas loquitur" the truth speaks for itself.

It is not so much the specific "Germs and Toxins" that are causing death and disease.

It is the response of the body and blood to foreign substances entering the blood and tissues that causes pathology.

The state of the blood, the nature of the triggers, the state of the immune system relative to repeat antigenic challenges, conspires to effect damages along a continuum of harm; all organ systems can be affected.

The cellular, and tissue damages are additive with each exposure.

Direct Vaccination is no longer necessary to be Vaccine Injured.

Vaccinations are not the only trigger to pathology.

Serial (repeat) Vaccinations aggravate the core problems.

Once the blood vessels are damaged, to a critical point, the pathological process can take on a self-perpetuating life of its own.

Features that you can see, include:

1. The eye turning in.
2. The eye turning out.
3. The smile becoming asymmetrical.
4. The eye blinks coming out of sync.

These are Strokes, from Ischemia, throughout the brain and body, for all.

Repeat Vaccination Is The Primary Culprit.

However, Vaccination is not the only cause of this problem in human physiology.

Anoxia Spectrum Syndromes

Anoxia is the total Depletion of Oxygen supply to body tissues or organs, with cerebral anoxia (brain) being the most critical, often causing permanent damage.

Vascular areas that causes congestion, impaired blood flow, lack of Oxygen, glucose and nutrients to the affected tissue areas. Without Oxygen or Nutrients, the cells lining the walls of capillaries self-cauterize (clamp shut).

This is a healing mechanism that must be instituted in order to prevent leakage of plasma and or blood into tissues.

With Anoxia Spectrum Syndromes Impairs Blood Flow, and Oxygenation to the tiny blood vessels in the eye, we sometimes see "retinal hemorrhages."

When Anoxia Spectrum Syndromes occurs in the brain, we call it "Intracerebral Bleeding."

When Anoxia Spectrum Syndromes occurs to the bones, we call it "Brittle Bones." When the blood sludging Anoxia Spectrum Syndromes process happens to brainstem areas controlling automatic respiration, the central drive for respiration is lost.

When Anoxia Spectrum Syndromes happens to the descending motor tracts in the brain, we call this Paralysis, Guillain-Barre Syndrome, Infantile Paralysis, Seizures, Encephalopathy.

Acute Disseminated Encephalomyelitis (ADEM), immune-mediated Inflammatory Disorder affecting the central nervous system that causes damage to myelin; rapid demyelination in the brain and spinal cord. ADEM is a potential adverse event following Vaccines, including the; Measles, Mumps and Rubella (MMR) Vaccine.

> *"The Court found that Bailey's Acute Disseminated Encephalomyelitis (ADEM) was both caused-in-fact and proximately caused by his vaccination. It is well-understood that the vaccination at issue can cause ADEM, and the Court found, based upon a full reading and hearing of the pertinent facts in this case, that it did actually cause the ADEM. Furthermore, Bailey's ADEM was severe enough to cause lasting, residual damage, and retarded his developmental progress, which fits under the generalized heading of Pervasive Developmental Delay, or PDD [an autism spectrum disorder]. The Court found that Bailey would not have suffered this delay but for the administration of the Measles, Mumps and Rubella (MMR) Vaccine, and that this chain of causation was; a proximate sequence of cause and effect leading inexorably from vaccination to Pervasive Developmental Delay." - in the case of Bailey Banks ruling by Special Master Richard B. Abell, United States Court of Federal Claims, June 2007.*

Vaccines Can Cause Brain Damage

"Occasionally, Vaccines cause injury or death. Patients are left with what's known as "encephalopathy" (brain damage).

In fact, nearly 1,300 cases in which Vaccine-Related Brain Damage has been compensated in court over the past 20 years. Many experts don't dispute that Vaccines Can Cause Brain Damage. Family to Receive $1.5 Million in First-Ever Vaccine-Autism Court Award.

Our examination of federal Vaccine court decisions over the years reflects this.

Children who end up with Autistic Symptoms, or Autism have won Vaccine injury claims over the years-as long as they highlighted general, widely-accepted Brain Damage; not Autism specifically.

But when Autism, or Autistic symptoms are alleged as the primary Brain Damage, the cases are lost. Since the late 1980's, more than 2,100 families have received compensation for Vaccine Injuries under the federal program designed to help in instances of severe Vaccine Side Effects.

And more than half of those awards are for Brain Injuries." - in "Vaccines, Autism and Brain Damage: What's in a Name?", CBS News, 14 September 2010

"All of these children will show the same Ischemic Brain Damages as children who have been rendered Autistic, Learning Disabled, or Dead after Vaccinations.

The process that Causes Brain Damages From Vaccination is also the same Anoxia Spectrum Syndromes process; that Causes all Damages after Vaccination; All Vaccinations. When Anoxia Spectrum Syndromes happens in infants, and children, we call it Autism-Spectrum Disorders, specific Learning Disabilities, Attention Deficit Disorders, Aspergers Syndrome, Global Developmental Delay, and some cases Cancers.

Sometimes Anoxia Spectrum Syndromes; Causes or Compounds Cerebral Palsy; both conditions result from Impaired Oxygenation, and Blood Flow to the Brain.

When Anoxia Spectrum Syndromes happens in teen girls after Gardasil Vaccination, it creates Death, Disease, Illness, Clouded Thinking, and Paralysis.

Remarkably, the Gardasil Vaccines are simply completing the silent Ischemic Vascular Damages, to body and brain that were caused from each childhood vaccination the girl received. Sudden Death can also be due; to loss of central drive for respiration in the same manner that Vaccinations Are Causing many cases of Sudden Infant Death.

Sometimes Seizures may also occur.

When Anoxia Spectrum Syndromes happens in military and armed services personnel, this causes "Gulf war Syndrome."

No Oxygen to Electrically active cells causes depolarization. In the heart, Ischemia (restriction in blood supply to tissues or organs, causing a severe shortage of oxygen needed for cellular metabolism) causes Arrhythmia; a seizure to the heart.

In the Brain, Ischemia Causes Seizures; Arrhythmia to the Brain. Seizures are a symptom of Impaired Blood Flow, and Oxygenation just like Vaccine induced autism-spectrum is a symptom of the same process.

I can make these statements of fact, since the photographs you can see, before and after Vaccination, show we are all having Ischemic Microvascular Strokes; silently.

Some of these damages are called "Bulbar Palsies".

The Ischemic Brain Damages, After Vaccination, from infants to adults, cut across all symptom based medical diagnostic end points.

Anoxia Spectrum Syndromes Is How Vaccinations Are Causing a Multitude of Chronic Illnesses and Disease.

No forward flow translates into no Oxygen or fuel delivery.

For the Brain, and Body, this causes Hypoxia (Low Oxygen), Anoxia (No Oxygen) and Ischemia (Impaired Blood Flow).

In terms of Vaccine Damages, impaired forward blood flow in end vascular territories creates Brain, and Organ Damages in us all.

These Damages have been clinically silent; for millennia.

This Ischemic Process, from Germs, Toxins, to Vaccinations, Is the Cause of Much Disease, Pain, and Suffering.

All Vaccines Are Causing Chronic Disease, in our attempts to prevent acute disease.

When There Is Impaired Blood Flow; There Is Impaired Oxygen delivery to tissue. Vaccines Cause Impaired Blood Flow in an immediate, delayed, waxing and waning pattern.

This Impairs Oxygen delivery throughout the 60,000 miles of microscopic end blood vessel networks in the brain and body.

The evidence you can see, represents the beginning of the end of a Flawed Medical Model And System; that Has Caused the Greatest Harm, by mankind to mankind, in recorded history. Remarkably, we managed to perpetrate these acts under the guise of the greater good, for handsome profit, endorsed by political leaders, corporate merchants, public health officials, and medical professionals alike; they don't know what they don't know; part of the problem.

Debates over the safety, efficacy, and utility of the one-size-fits-all global vaccination programs has reached a fervent pitch. According to the World Health Organization (WHO) there are 43 Million Vaccinations administered globally, on any given day. As citizens, we are told "leave the science to scientists." If you do not have a medical or advanced science degree, your input is "irrelevant."

You are told children can handle 10,000 Vaccinations safely. Medical science has not known what to measure in order to ensure safety; for all. Now that we have the hard, clinically reproducible, see for yourself measures of neurological damages, we can now see that All vaccinations, are causing tissue, organ, and brain damages.

These Damages exist along a continuum of harm.

The damages are additive with each Vaccination received.

The clinically silent adverse effects include derailments of all organ systems, to death.

We call these adversities by a plethora of clinical labels that are seemingly unrelated to the causal event of repeat vaccinations.

Remarkably, I can now make these bold statements as we can all now see, the ischemic brain damages, for us all, across All Vaccinations, from infancy to adulthood, immediately and delayed, irrespective of the end organ damages or clinical diagnostic labels that emerge.

We are selling you Vaccines, for profit, which are causing illnesses and death.

We then sell you symptom based **Pharmaceutical Products, for profit, to treat the damages and disorders we have caused.**

I can say that the Vaccine Damages extend to the realm of Cancers; in addition to varied Autoimmune and Neurodevelopment Disorders. Evidence now before the United States federal Circuit Courts on Vaccine Injuries proves that we have All been harmed, and are being harmed, by this universal one-size-fits-all Vaccination program." - Dr Andrew Moulden, MD, in "Vaccinations are causing impaired blood flow (Ischemia), Chronic Illness, Disease and Death for us all", 3 August 2009.

Vaccines And Mini-Strokes

"Researcher Dr Andrew Moulden, MD an expert in neurobehavioral assessment of brain and behavioral disorders, has made some interesting observations about Vaccines after years of extensive research.

He says Vaccines, across the board, cause Ischemia; restricted or impaired blood flow in microcirculation units.

Vaccines lead to Ischemia, which in turn leads to anoxia or impaired oxygen delivery to tissues.

This, in turn, leads to cell death or mini-strokes.

When this takes place in the brain and nervous system, it leads to neurodevelopmental disorders such as Chronic Fatigue Syndrome and learning disabilities. It could also take place in cells and tissues elsewhere in the body.

This is how vaccines produce a variety of symptoms, depending on the damaged area. When a Vaccine is injected into the blood, two things take place. One is non-specific immune hyperstimulation or immune hypersensitivity.

The second is an electrostatic instability of blood flow that impairs fluid dynamics and oxygen/nutrient delivery throughout the body's vascular system. Healthy blood flow is the basis of life, healing, cellular function, wellness and health, he points out. One of the processes that takes place is the waxing and waning, and acute, then chronic, changes in blood flow from 'fluid to 'gel'.

For instance, aluminum present in Vaccines as an adjuvant causes 'sludging' of blood flow.

This takes place as aluminum causes particles in the blood to agglomerate, giving the blood a sludge-like quality.

The capillaries cannot absorb oxygen and nutrients from 'thickened' blood, which leads to cellular and tissue damage.

If this seems 'minor', it is not when taking place at the microscopic level.

Infants who die suddenly and 'inexplicably' after being vaccinated suffer impaired blood flow to end-capillary vessels in the brain stem, which controls the reflex-like respiratory response.

All individuals who are vaccinated thus suffer a series of ischemic strokes throughout life.

When the body reaches 'breaking point', it results in neurodevelopmental and other disorders.

Suffice to say that a healthy immune system and an overall healthy lifestyle is the best protection against disease." - in "Vaccine-Nation: Poisoning the Population, One Shot at a Time", 2011.

Vitamin K Vaccines

"The more I read about Vitamin K Vaccines, the more I can't believe that it's injected into newborn infants.

My scientific endeavours have really shown me that by and large, that nature on overall didn't make mistakes like this; that nature didn't leave out Vitamin K from babies; and that until babies are 6 months old; they're not actually having a full coagulation or normal coagulation. So there's a reason just like babies are programmed to be anti-inflammatory, I believe that babies are programmed to not have new numerously higher levels of coagulation than adults.

Also if you look at the coagulation supposed deficits that a baby has; it's not just the Vitamin K factors.

People who understand the difference don't give any at all, and if you do give it maybe would just be if there was an

extremely traumatic birth, but you have to understand some of the things that medical interventions do at Birth. For instance when the baby is born, what happens is it's a very tight passageway, and the baby is squeezed very tightly, at the brain.

The cranium is made so that it can compact, in on itself, the brain is squeezed, there's trauma all throughout the body, about 30% of babies will have Micro hemorrhages from a normal delivery. Afterwards, in most societies, that cord is clamped right away; which is a problem.

Because you are leaving behind up to 40% of that baby's blood, that belongs to that baby; but you're also leaving behind Stem Cells; which have the potential to go in and clear up any of the problems that happened in the brain, or elsewhere. Now, if you thicken the blood, then how is that going to affect the ability for those Stem Cells to go where they need to go.

When you have these Vitamin K factors those areas that bleed, tend to clot, and it's a little harder to clear that out, than if you just leave it that way the concern is always the minority.

This vastly small percentage of children who can develop an in cranial Hemorrhage, and it can be problematic.

So, we are now treating everybody for this problem.

So, I think it's important to understand the full spectrum before agreeing to Injection. I think that it's always a good idea for mothers to consume lots of green vegetables, lots of green vegetables during the entire pregnancy if possible, because not only do you get Vitamin K, that can be delivered to the baby in normal amounts if they need it, but you're also getting Folic Acid, Magnesium, and lots of other minerals that are required to build a baby." - Dr Suzanne Humphries, MD, in "Vaccines, Diseases and Health", Lecture, 2014.

The Vaccines of Vitamin K Include an Aluminium Toxicity Warning

Vitamin K1 (phytonadione) (Rx)
Black Box Warnings

"Severe reactions, including fatalities, have occurred during and immediately after IV administration, even when precautions have been taken with proper dilution and avoidance of rapid infusion.

Severe reactions also reported after intramuscular administration; typically, these Severe Reactions involve:

1. Hypersensitivity.
2. Anaphylaxis (severe, sudden, and potentially life-threatening allergic reaction); and include:

a. Shock.
b. Cardiac Arrest.
c. Respiratory Arrest.

IV/IM reactions may occur with first dose (no prior exposure to phytonadione).
Restrict use of IV/IM routes to situations where subcutaneous administration is not feasible and serious risk involved is considered justified."

Complications From Aluminium Toxicity Affects All Organ System

Pathophysiology

"Aluminum Exerts its Toxic Effects on the body through various mechanisms, including disrupting or inhibiting enzymatic activity, altering protein synthesis and nucleic acid function, and modifying cell membrane permeability.

Aluminum catalyzes the production of reactive oxygen species, leading to cellular damage through oxidative stress, decreases antioxidant activity, disrupts cellular iron homeostasis, ultimately resulting in Apoptosis (the process of programmed cell death, often referred to as "Cell Suicide"). Acute aluminum toxicity may present with symptoms such as nausea, mouth ulcers, skin ulcers, skin rashes, vomiting, diarrhea, and arthritic pain.

Bone

Bones act as a long-term reservoir for various metals, including aluminum. Accumulation of aluminum in bones can lead to osteoporosis by decreasing osteoblast-mediated bone formation and altering osteoclast function, resulting in increased bone fragility and a higher risk of fractures. Plasma aluminum levels are strongly associated with aluminum bone disease. Aluminum causes bone demineralization through various mechanisms, including calcium replacement, decreased levels of insulin-like growth factor-1 and type 1 collagen, inhibition of the Wnt/β-catenin pathway, apoptosis of osteoblasts, and reduced differentiation of osteoblasts.

Cardiovascular

Elevated levels of aluminum are associated with a higher incidence of cardiovascular diseases, including

hypertension, coronary artery disease, and dyslipidemia. The mechanism behind cardiovascular toxicity is believed to involve oxidative stress, apoptosis, and an inflammatory response resulting from aluminum accumulation. Other complications may include toxic myocarditis, myocardial wall hypokinesia, and left ventricular thrombus.

Central Nervous System

The Central Nervous System is the primary target of aluminum toxicity. This toxicity occurs through several mechanisms; including: neuronal oxidative stress, apoptosis, neuroinflammation, neurotransmitter disruption, and cytoskeletal dysregulation.

Gastrointestinal

Aluminum ingestion and toxicity can impact the intestinal microbiome, intestinal permeability, immune responses, and inflammatory reactions. Additionally, it can lead to epithelial degeneration, goblet cell proliferation, and lymphocyte infiltration in the intestines.

Hematopoiesis

Aluminum toxicity may inhibit or reduce Hemoglobin Synthesis; leading to Anemia with Anisocytosis and Poikilocytosis.

This can result in the formation of:

1. Leptocytes.
2. Acanthocytes.
3. Echinocytes.
4. Stomatocytes.
5. Target cells.

Pulmonary

Pulmonary Tissue Damage occurs due to an increased influx of:

a. Polymorphonuclear neutrophils.
b. Interstitial inflammation.
c. Type II cell hyperplasia.
d. Reduced alveolar lavageable macrophages.

These changes can lead to various respiratory conditions; including:

1. Asthma.
2. Chronic Bronchitis.
3. Chronic Pneumonia.
4. Pulmonary Alveolitis.
5. Chronic Obstructive Pulmonary Disease.
6. Pulmonary Fibrosis.
7. Alveolar Proteinosis.
8. Pneumoconiosis.
9. Pulmonary Granulomatosis.
10. Potroom Asthma.

Renal

Aluminum is primarily cleared by the kidneys, increasing the risk of aluminum poisoning in patients with chronic kidney disease.

The toxic effects of aluminum can reduce glomerular filtration, leading to elevated serum uric acid levels.

Additionally, aluminum exposure may result in nephrotic syndrome and acute renal glomerulonephritis. Aluminum's toxic effects on renal parenchyma stem from increased oxidative stress, leading to lipid peroxidation, and protein oxidation.

Reproductive

Reproductive health may be compromised by aluminum exposure. Studies show that patients with oligozoospermia exhibit significantly higher aluminum concentrations in

their semen, indicating a potential link between aluminum toxicity and fertility issues.

Histopathology

Intracellular aluminum is stored in the lysosomes of brain neurons, in most liver cells (excluding Kupffer cells), myocytes of the heart, mesenchymal glomerular cells of the kidneys, and within the mitochondria of osteoblasts.

Histopathology of cardiac tissue demonstrates that aluminum toxicity significantly alters the structure of cardiac tissues by inducing cardiac fibrosis, resulting in necrotic foci around blood vessels and disarrangement of cardiomyocyte nuclei. Aluminum exposure also significantly increases blood-brain barrier permeability.

Complications

Complications of aluminum toxicity are extensive, affecting nearly every organ system.

Neurological and musculoskeletal complications are common and include:

1. Osteoporosis.
2. Bone Fractures.
3. Dementia.
4. Seizures.
5. Tremors.
6. Dysarthria.
7. Impaired Coordination.
8. Motor Weakness.
9. Ataxia.
10. Myoclonus.
11. Agitation.
12. Confusion.

Cardiovascular complications involve an increased risk of:

13. Hypertension.
14. Coronary Artery Disease.
15. Dyslipidemia.

Additional complications may include exacerbation of:

16. Inflammatory Bowel Disease.
17. Anemia.
18. Pneumoconiosis.
19. Potroom Asthma.
20. Chronic Obstructive Pulmonary Disease.
21. Pulmonary Alveolitis.
22. Chronic Pneumonia.
23. Pulmonary Fibrosis.
24. Pulmonary Granulomatosis.
25. Reduced Glomerular Filtration Rate (kidneys filtering waste from blood more slowly than normal).
26. Decreased Fertility." - in "Aluminum Toxicity", StatPearls, 26 October 2024.

Keep Learning

"Keep Leaning: Do not let anyone tell you there are things you should not learn or know." *- in "Where There Is No Doctor", 1992.*

"Meditate you that passes.... In the world theft will become a natural habit, and scam will be a natural habit.
The assault on the neighbour will be a way of life and of political support, and politics assault, and even death!" *- Benjamin Solari Parravicini, 1937.*

"Much yet, therefore, remains to be done; much error to be exposed, and many false notions to be corrected or eradicated." *- Dr Edward Jukes, Surgeon, 1833.*

The Truth: The Essential, And Highest Value of Mankind

"So [Easy To Understand] Are All Truths, when Once They Are Found Out, But The Difficulty Lyeth In Finding Them." *- Galileo Galilei, in "Dialogue Concerning the Two Chief World Systems", 1632.*

www.BorderedCross.org

www.volksmed.org